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WM. B. HAZARD, M. D., and C. A. S. HARRIS, Publishers and Proprietors.

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Quinine, Iron and Strychnine.	
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Iron, Dialysed, 2 grs.
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Iron, Iodide, 1 gr.
Iron, Iodide and Sul. Quinine.
Iron, Lactate, 1 gr.
Iron, Phosphate and Strychnine.
Iron, Phosphates, Quinine and Strychnine.
Iron, Phosphorus and Aloes.
Iron, Phosphorus and Nux Vomica.
Iron, Phosphorus and Quinine.
Iron, Phosphorus, Quinine, and Nux Vomica.
Iron, Phosphorus, Quinine, and Strychnine.
Iron, Proto-Carb., (Vallet's), 3 and 5 grs.
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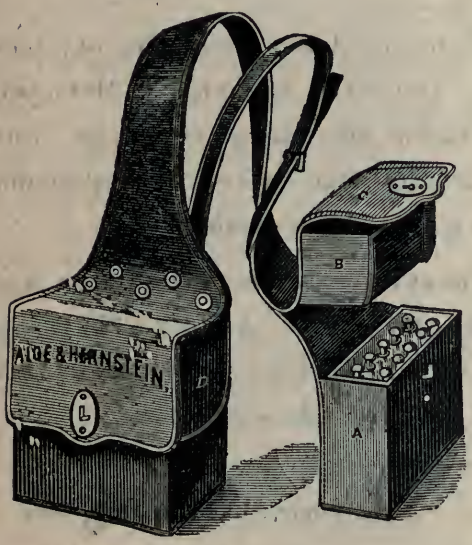

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It is a well known fact, proven by analysis and clinical use, that the bark grown on the Neilgherry Hills is much richer in the more useful alkaloids than that obtained from any other source. It is also shown conclusively by numerous trials to possess greater febrifuge properties.

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The Tincture is put up in six ounce and twelve ounce bottles, labeled simply "Compound Tincture of Neilgherry Bark, prepared by J. C. Richardson," the dose and mode of administration being left to the physician.

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RICHARDSON & CO.,
WHOLESALE DRUGGISTS,
ST. LOUIS, MO.

OFFICE OF

TROMMER EXTRACT OF MALT CO.,

FREMONT, OHIO.

FREMONT, OHIO, April, 1878.

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It is now five years since we first introduced and began the manufacture of Extract of Malt in the United States. It has been our aim to furnish the medical profession in America with a malt-extract equal to the best German make, and (by saving the expenses of importation), much cheaper than the foreign article can be afforded. For the manner in which our efforts have been appreciated by the medical profession. we desire to express our warmest thanks.

The difficulties attending the manufacture of Extract of Malt in large quantities, can be overcome only by that kind of skill which is acquired by experience. Its constituents must receive no injury by the process, and good flavor and keeping quality, adapting it to all climates, must characterize the product. All are familiar with the striking difference between certain celebrated brands of ale and porter—and yet the poorest as well as the best, is, or should be, produced from barley malt and hops. Success greatly depends, of course, upon the employment of none but the best material; but it is by the use of specific and long-tried procedures that results are obtained which are so difficult to rival.

We do ourselves but simple justice, in stating that our *entire attention* is, and for many years has been, *exclusively* devoted to the manufacture of Extract of Malt for medicinal purposes, and that we give our undivided personal attention to each step in the delicate process by which Extract of Malt of excellent quality can alone be made.

Under these circumstances, it is unreasonable to suppose that the various manufacturers of fluid extracts, elixirs, pills, &c., who (attracted by the high reputation of our Extract of Malt), have recently, in various sections of the country, undertaken the manufacture of a similar article, should generally succeed in producing it of a quality according with the fulsome praise with which their advertisements are filled. While being perfectly willing to let the reputation of our Extract of Malt rest upon its real merits, we owe it to the medical profession, as well as to ourselves, to give warning against imposition.

It has come to our knowledge that certain articles extensively advertised as "pure" and "genuine extract of malt," are composed chiefly of the substance called GRAPE SUGAR OR MALTINE, which, as is well known, is the product of the action of sulphuric acid upon starch subjected to a high temperature. This artificial grape sugar or glucose which is extensively manufactured from corn starch, is now being used in immense quantities, instead of ordinary cane sugar, in the sophistication of confectionery, sugar-house syrup, "strained honey," native wines, and canned fruits, and by some brewers in the manufacture of beer and ale. The cheapness of this artificial product of Indian corn, constitutes the chief inducement for this species of substitution for barley malt and cane sugar.

Again, an extract of malted grain is manufactured for the purpose of obtaining *diastase*, which, (simple and variously combined) is much used in medicine. The appearance of the extract is but slightly changed by being deprived of this important constituent, although, it is unnecessary to add, that its value as a medicinal agent is thereby greatly impaired. Nevertheless, this very substance, which is little more than refuse material, in the manufacture of diastase, is now being offered for pure malt extract.

It is *malt extract* prepared from Barley malt combined with the proper proportion of Hops, that has been for many years the standard medicinal-nutritive employed by the medical faculty of Europe, and especially of Germany. Its value has been established by experience, and its use in the treatment of almost all forms of disease of nutrition is constantly extending. We shall continue to devote the most scrupulous attention to the maintenance of the reputation of our malt extract, by the careful selection of material and by unwearied personal attention to manufacturing details.

Attention is respectfully directed to the accompanying extract from Ziemssen, and also to our circular and testimonials elsewhere printed.

Very Respectfully,

TROMMER EXTRACT OF MALT CO.

From Ziemssen's Cyclopædia of the Practice of Medicine, Vol. XVI, page 474:

"The Malt Extract prepared from Trommer's receipt is designed to fulfill much the same purpose as Cod-liver oil, carbo-hydrates (malt-sugar, dextrin,) taking the place of fatty matter. The simple (much or little hopped) and the Chalybeate form of Malt Extract are coming more and more into favor as substitutes for the oil; they are more palatable and more easily digested, and should, therefore, be preferred in the dyspeptic forms of anæmia. During the last few years Malt Extract has almost entirely taken the place of Cod Liver Oil in the treatment of phthisis, and other wasting diseases at the Basle hospital, and we have as yet found no reason for returning to the use of the latter remedy. The Extract may be given from one to three times a day in doses varying from a teaspoonful to a tablespoonful in milk, broth, beer, or wine."

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Original Communications.

AUTOMATIC CEREBRATION AS RELATED TO CEREBRAL LOCALIZATIONS.

BY EDWARD C. SPITZKA, M. D.,

Professor of Comparative Anatomy, Histology and Nervous Diseases in the Columbia Veterinary College; Vice-President of the N. Y Neurological Society; Member of the Am. Neurological Association; Phys. to Out Door Dept. Mt. Sinai Hosp.; W. and S Tuke Prize Essayist; Hammond Prize Essayist, Etc.

Under the above title, a paper* was read before the American Association of Medical Superintendents at their St. Louis meeting, which in more than one respect is certainly noteworthy. Its assumptions and conclusions are diametrically opposed to the current lines of physiological belief, and for this if for no other reason, it merits a careful critical analysis, if a single point made by its author can be sustained, or a searching exposure if his facts be misinterpreted, his logic defective and his argumentation tinctured with rhetorical pleading.

It might be urged that a paper containing conclusions fundamentally different from those accepted by the scientific world, and advancing but little of consistent proof and nothing in the way of original research in support of those conclusions, might be permitted to go abroad, without any further demonstration of its fallacies, than is inherent in the paper itself! But we do not believe that, in the present instance, this *a priori* ignoring or condemning process should be resorted to! The writer before us, occupies a high position in the profession, is the author of a text-book on nervous diseases, and however much the honor of being the author of a work on this subject may have been depreciated by the publication of the most unblushing and otherwise unparalleled specimen of the compiling art, *since* Dr. Bauduy's book was issued, we consider his position as an American neurologist sufficiently high to warrant one in according his paper an extended discussion. The present writer has deferred his intention of criticizing Dr. Bauduy's paper in the hope that some more prominent colleague of Dr. Bauduy might take up the subject. Full eighteen months have passed, however, and no champion of modern physiological research has appeared in the arena. This is my excuse for venturing to approach the subject at all.

In doing so, I select the same title for this article which has been adopted by Dr. Bauduy; this, not because either Dr. Bauduy's or the present paper properly deals with the subject of "automatic cerebration" as this term is generally and correctly understood, but for the reason that we intend to go over the same ground, occupied by that author. Just so far as the latter's paper can be considered to deal with

* Automatic Cerebration as related to Cerebral Localizations, with the discussion thereon in the American Association of Medical Superintendents of the American Institutions for the Insane, by J. K. Bauduy, M. D., Prof. of Psych. Med. and Dis. of Nerv. Syst., etc., in the Missouri Med. Col.; Physician to St. Vincent's Inst. for the Insane; Late Supt. of the St. Louis County Insane Asylum; Corresponding Member of the N. Y. Society of Neurology and Electrology; Member of the American Neurological Association, etc., etc., etc.

automatic cerebration, the present article will attempt to justify its title.

The author begins by making a general attack on the materialistic tendency of modern physiology. I should like to ask him how could the physiological investigator arrive at any other than *material* results, as long as he confines himself to his legitimate subject? Does he not work with *material* apparatus, with the cautery, the electric battery, the knife and the balance? Does he not deal with *material* structures, when he exposes the brain, irritates the cortex, divides the peduncular tracts, and registers convulsions and contractions? Does he not measure the intensity and rapidity of nerve currents with *material* apparatus, the ingenuity of whose construction and application constitutes one of the highest triumphs of the human mind? Are the forces known as nerve forces, measurable as to rate of transmission and intensity anything but *material* forces, measurable by *material* gauges? Have not Helmholtz, Dubois-Reymond and their pupils,* repeatedly measured the duration of the intellectual act?

Where, in the light of the latter and similar investigations, is the "spontaneity" of the intellect, gratuitously assumed to constitute an argument against its material nature by Dr. Bauduy? By spontaneous we understand a something which originates without a cause. Since the term, in this stricter sense, would not be applicable to anything either in living or inert nature it has come to be used in a relative sense as signifying anything whose ulterior causation is not superficially evident.

Thus the physiologist speaks of spontaneous convulsions, although he is all the time aware that a definite cause for these convulsions must exist in the altered dynamic states of the central organ; thus the biologist speaks of spontaneous generation, although even when he adopts this doctrine, he presupposes subtile organic changes to determine this generation; thus, finally, we, in common parlance, speak of an orator as possessing the power of spontaneous delivery, merely intending to convey the fact, that he is better capable than other men of quickly associating the facts and conceptions stored in his memory with the exigencies of the occasion, and can more smoothly transfer the resulting combination to his speech apparatus. In this relative sense Dr. Bauduy's spontaneity of the intellect, instead of being an argument *against*, is one *for* the material nature of the mind. Spontaneity depends, as Wundt* has shown, on the excess of active molecular oscillations in the cerebrum, that author uses the term spontaneity in the relative sense, in which we have used it, not in the sense which Dr. Bauduy seems to adopt, for Dr. Bauduy's so-called spontaneity has no existence. If we once came to consider such a spontaneity even *possible*, we should be led to the absurd consequences of a chance philosophy. Dr. Bauduy's assumed spontaneity, independent, as he asserts it to be, of the anatomical structure of the brain, has indeed been put to the test several times and failed, as in the instance of idiots or of patients afflicted with grave organic disease of the Prosencephalon. That relative spontaneity which we admit to exist can in like manner be put to the test: remove the cerebrum of a bird or mammal and it is deprived of such spontaneity as it *previously* possessed, for even animals possess "spontaneity."

As to the "spontaneity" of the adult human being, it relies for its fullness and degree on the external circumstances to which, in the shape of social condition or education, the nervous system has been subjected. Children who have run wild at an early age, have failed to show any spontaneity above that of the lowest savage,

* Von Kries und Auerbach, Die Zeitdauer einfacher psychischer Vorgænge. Archiv fuer Anatomie und Physiologie, 1877, p. 297.

* Wundt, Physiologische Psychologie.

and on being recaptured acquired the higher grades only after education.

Before going further, I wish to take exceptions to Dr. Bauduy's usage of certain terms. He states that, according to the "modern theorists," centripetal impressions are, by a "new physiological process which they claim to understand," "spiritualized, animalized or quintessenced, so to speak," in the ganglia of the optic thalami, and so on. He makes no special mention of any prominent author as having expressed himself to this effect, and it is fair to suppose that, by modern "theorists," are meant all who are endeavoring to explain the intellectual phenomena on a physical basis, especially as his introductory onslaught on materialistic physiologists occurs in the same paragraph! As far as I can gather from the latter what Dr. Bauduy actually means, I can only say that he has profoundly misunderstood the current physiological views. Physiologists as well as anatomists are pretty well agreed that while the thalamus is in part an intermediate station for cerebral fibres, it is also an independent centre; no one has ever even remotely suggested that it constituted the sole passage point for *all* cerebral sensory fibres, on the contrary, we look upon the thalamus, excepting such parts of its posterior portion as are in relation with a division of the optic tract, as preëminently motor. Without any question, Dr. Bauduy confounds the fibres of the crus cerebelli ad cerebrum, the nucleus tegmenti, and a host of other fasciculi and ganglia, situated in the subthalamic region, with the thalamus proper. The Doctor still further misunderstands the case, when he states that the writers he alludes to claim to understand the exact nature of the process at the basis of automatism or of intellectuality.* They claim to understand its exact nature as little as physicists claim to understand the exact nature of heat, light and electricity; physicists judge of the existence of these forces by their effects, and they measure some of their dimensions, as wave length and amplitude, by physical apparatus, from which they are enabled to draw analogies and to furnish us with a *theoretical* conception of the nature of imponderable forces. In like manner the neuro-physiologist, though to a degree less perfect, is enabled to infer from the rapidity of transmission, the reactions and other phenomena of nerve currents as to their nature, *theoretically*. This does not alter the fact that, although imponderable, nerve force, whether residing in the cord, medulla, pons, thalamus or hemispheres, is as material a force as heat, light, electricity and sound. We are logically justified in judging from the material phenomena, as well as the results, and the material basis of nerve force, that it is a material force, its exact character no writer has ever claimed to portray!

No physiologist has ever employed such terms to describe these forces as those selected by Dr. Bauduy: "animalized, spiritualized or quintessenced," (*vide sup.*). Dr. Bauduy has misapprehended the writings of our great contemporaries, if he thinks to furnish a popular conception of their views by employing terms which are, fortunately, no longer current in scientific treatises, having properly been relegated to the domain of "mesmerism" and the almanacs issued by dealers in proprietary medicines.

The author before us fails to indicate the precise place in which Huguenin claims the existence of a ganglionic sensory depot *behind* the thalamus, through which the sensory fibres pass to the hemispheres. If he could have misunderstood Huguenin to the extent that such a depot* existed in that situation, a glance at any anatomical

* After a careful perusal of Dr. Bauduy's paper we confess our inability to decide which of the two he is treating of, or whether not, after all, he considers the two to be identical physiological conceptions(!!!).

* We presume that the corpora quadrigemina are not the bodies indicated by Dr. Bauduy. See the latter's article, page 4.

hand-book would have enabled him to correct the Zurich neuropathologist.

Anatomical exactitude is clearly not the *forte* of Dr. Bauduy, nor of Dr. Masoin, to whom, as the former states, he has been indebted for many of the inspirations of his paper. I can, therefore, understand why, even if anatomical proof of cerebral localization were established, it would possess but a very "subaltern" value in Dr. Bauduy's eyes; yet, at the same time, I cannot suppress expressing my regret, that an author who proposes to demolish the theories of modern nerve physiology, should have neglected to inform himself on the most vital points on which those theories are founded.

Dr. Bauduy next proceeds to quote, *verbatim*, the well-known views of Dr. Brown-Séquard, as supporting the former's conclusions. While the French *savan* is a decided opponent of the modern methods of localization, we believe that he would deprecate any attempt to class him amongst the supporters of Dr. Bauduy's physio-theological position. Aside from this the views quoted from Dr. Brown-Séquard constitute the nucleus of the paper. Many of the fallacies of the latter are due to the erroneous conception of the term reflex, for which erroneous conception, not Dr. Bauduy, but Brown-Séquard and other French writers, who employ this term vaguely and without even an attempt at proper limitation, are responsible. Certainly some discrimination is necessary between the reflex act originally so-called and the coördinated action resulting from the blending of various partially free and partially inhibited reflexes, which is properly termed automatism, and then again, between the latter and that higher union of simpler functions which, within certain limits, imposed by the immutable laws of matter, is capable of what we are accustomed to call self-determination.

But even this vagueness in the conception of the term reflex, does not justify Dr. Bauduy in wilfully misrepresenting physiology as endeavoring to degrade those nervous manifestations, collectively termed "soul," "mind" or "spirit" to no higher a level than the movements of a decapitated frog! Suppose that a musician were to state that the sublime compositions of Wagner, Mozart and Chopin were all merely combinations of successive harmonies, resulting from special groupings of the few simple notes of the musical scale, would Dr. Bauduy accuse that musician of attempting to reduce the compositions of those great masters to the same low level as the running up and down of the scales on the pianoforte, by a child? He certainly would not, because this would be an absurd misconstruction of the musician's correct and demonstrable position; but is it any less absurd to confound that noble edifice, as which the human mind appears in the light of recent physiological researches, with the simple reflex acts?

But to return, the nucleus of Dr. Bauduy's paper consists, as we have stated, of a quotation from Brown-Séquard. Let us examine that quotation a little more closely: This French writer considers it a "fatal objection" to the theory of cerebral localization "that these supposed centres are not situated in homologous parts in different animals." He can hardly have reflected a moment when writing those lines. It never was claimed by physiologists that the same organ in different animals must, in all these animals, perform the same functions, nor that the same functions must be seated in the same organ. A glance at comparative anatomy would have shown Dr. Brown-Séquard that even in the case of organs far simpler than the nervous ones, their functions may differ materially in different animals. The muscle which corresponds to our sterno-mastoid, and in the horse moves the humerus, in our case lifts the head out of the recumbent position. The canal in sharks which corresponds to the eustachian tube of man, is subsidiary to the respira-

tory function; the peritoneal cavity of the lamprey, although not homologous with, carries on the function of the oviduct of higher animals; the proboscis of butterflies is homologous with the antennæ of other insects, but has an entirely different function; the gizzard of birds, the vertebral teeth of the *Rachiodon*, the bronchial syrinx of many feathered tribes are all instances of this relation.

While in general terms, we can well claim that the hemispheres, as a whole, are the organs of the intellect in all mammals, we recognize that there are other influences besides those involved in functional projection, at work, in determining the shape and convolutional arrangement in different genera. I have attempted to show why a functional projection can not possibly limit itself by the anatomical demarcations of the cerebral surface,* and why, consequently Dr. Brown-Sequard's objection in this instance, to say the least, is a very fallacious one.

His second objection, that the area of psychomotor innervation of smaller muscles like the orbicularis oculi being larger than that of the powerful muscles of the posterior extremities, according to localizationists, was contradictory, since the larger the muscle, the larger must be its hemispheric centre, equally falls to the ground. In the first place the latter assumption is entirely gratuitous, and in the second, there are good reasons why the muscles whose relations to the intellect are most intimate, such as those of facial expression and speech, should enjoy a more extensive and even more multiple representation than those whose action in the lower animals (at least) is less related to intelligence. Dr. Brown-Séquard will doubtless recognize that the more intricate a function the more numerous must be its associations, and this disposes of the second objection.

But the weakest objection is the third: because Vulpian, by interfering with the cortical nutrition through the production of artificial emboli, was still able to produce "psychomotor" movements by applying the electrical current, therefore these movements could not be seated in those areas (whose function was destroyed). Any nerve, of course, (like every ganglion), loses its activity, though not its potentiality, on being deprived of blood, and yet you can get the muscles, in connection with a nerve deprived of its blood supply, to contract very energetically. We, under these circumstances, consider the nerve justly as a motor one, the case of the cortex is exactly parallel, we can infer that the nerve current has reached some area or tract, in connection with a special muscular group, when, on irritating the cortex, that group is thrown into action. That this area is not necessarily limited to the cortex, does not do away with the weakness of Dr. Brown-Séquard's argument.

The other quoted objections have been long since answered by others, and I refrain from dealing with them further than stating that they are as weak as the foregoing.

The pathological cases cited by Dr. Brown-Séquard in support of his position, are not in any sense evidence. It would not be difficult to overthrow any physiological views by collating a number of as badly observed and imperfectly registered cases as those on which that author bases most of his recent opinions. I venture to profoundly doubt whether the case so triumphantly quoted by his pupils, of complete destruction of the anterior pyramids, was based on a careful anatomical examination, if the statement be true that there were no

* Psychological Pathology of Progressive Paresis, *Journal of Nervous and Mental Diseases*, 1877; Neurological Correspondence, *Ibidem;* Contributions to Encephalic Anatomy, *Ibidem*, 1877, 1878, 1879. If Dr. Brown-Sequard had limited himself to objecting against the transferring of psychomotor centres from lower to higher animals, and to pointing out the logical and experimental errors of Ferrier's *earlier* publications, he would have done as great a service as he now has done harm by introducing vague conceptions, and a peculiar method of scepticism commendable neither for its spirit nor its logic, at least, in physiological inquiries.

motor symptoms whatever. The majority of physiologists still prefer to believe that cerebral ganglia, and tracts of white matter have *some* function, and that not every phenomenon observed in morbid or experimental lesions can be explained by Brown-Séquard's convenient "reflex," which term, as used by himself and his pupils, means everything and anything. Adopting their method of argument, there would necessarily follow, that such an organ as the spleen, for example, could have no function, for the reason that human beings, as well as animals, have survived its extirpation without any untoward symptoms!

To return to Dr. Bauduy, who follows up this auxiliary quotation from Brown-Séquard by others from Nothnagel, Gombault, Vulpian and Schiff, I am surprised to find that he disposes of conflicting experiments in these words: "I am well aware that certain contradictory results can be invoked at this juncture, notably in the experiments of Crichton Browne, as well as of Tüeck and Waters, but where can any doctrine be found that has not been subjected to a parallel ordeal?" Was Dr. Bauduy not aware that this question might be turned against himself when he penned it? He has been unfortunate enough to quote two authors in *favor* of his view, who differ markedly among themselves; he quotes Nothnagel as stating that the only phenomenon existing after destruction of the thalami was an abnormal position of the extremities, and Gombault as asserting that their excitation provokes no phenomena of movement nor painful sensation. While the absence of the latter does not prove the absence of all sensory function, the former result would, by Dr. Bauduy, be considered contradictory with the latter! Besides, he quotes an author (Nothnagel) who is an outspoken advocate of that very localization which Dr. Bauduy is laboring to oppose. With the change of authors quoted from, Dr. Bauduy changes his subject. On pages five and six it was cortical localization, on pages seven and eight it is the functions of the thalamus, from which, on page nine, he again shifts his position to the hemispheres. It may suffice to say, that some of the arguments are based on obsolete experiments, others on defective interpretations of experiment, and that still others, like his quotation of the experiments of Flourens, are in reality contradictory to his final conclusions. I may well be excused from noticing errors whose elucidation would require more space than is contained in the limits of a single article, and turn to his final peroration, which, as it composes one-third of the paper, and consists of an appeal for religion against science, may suggest the real motives of Dr. Bauduy's paper. We hold that if it had been Dr. Bauduy's object seriously to invalidate the conclusions of earnest and conscientious laborers in science, he would have devoted less space to emotional appeal and more to a careful and just analysis of his subject.

The association before which Dr. Bauduy read his paper, has repeatedly signalized its objection to honest and thorough scientific research, and I was not surprised to find most of its members lost in admiration over propositions which, in their essence, are conservative. In the published discussion, the first speaker, Dr. Kempster, after actually making some objections to Dr. Bauduy's inferences, objections such as can be read in the English journals of two and three years ago, suddenly annouuces himself as a firm believer in "orthodoxy."* This an-

*In 1876, September, Dr. Kempster reported having autopsied 115 subjects of insanity (Trans. Int. Med. Congress), in 1877, March, this number had risen to 200 (Trans. Wis. State Med. Society, 1877), and in July of the same year he reports 260 as the number (*Am. Jour. of Insanity*, 1877). Now, in his annual report, he states his death rate from September, 1876, to September, 1877, as 42, the reader, by a simple process of subtraction, will see that in a portion of that year he made 145 autopsies on less than 42 subjects, in other words, that his number of real autopsies bear the proportion of one-fourth of his reported autopsies. Whatever Dr. Kempster's "doxy" may be, it is a remarkable one if it does not contain the ten commandments. Fortunately, really

nouncement opened out a debate strongly tinctured with those venerable qualities which characterize the Sunday-school and camp-meeting; while reading it I have been repeatedly forced to turn to a copy of the by-laws of the association (which I had the fortune to possess) in order to convince myself that I was perusing the transactions of a body composed of *medical* men. For this turn taken by the discussion, Dr. Bauduy, notwithstanding his subsequent *pro forma* disclaimer, was responsible directly. He has shifted the issues of the localization of automatism to the question of psycho-motor localization and then confounded the latter with the theological question of the existence or non-existence of a soul. He repeats that invective which we have so frequently heard from the pulpit, and purposely and deliberately, by inference and directly, seeks to misrepresent the highest minds now working in a noble scientific field, as endeavoring to dethrone the soul! He shuns no device of sophistry, he risks even self-contradiction, in order to construct an antagonism where there is none, and in order to signalize his so-called orthodox standpoint, summons up the "dark spectres of materialism and fatalism" to deter his readers from seeking to unveil the mysteries of mind. Speaking of materialism and fatalism, Dr. Bauduy seems to be unaware that many of the early Christians were materialists, and that numbers of the earlier Fathers of the Church, who were canonized for their martyrdom, were fatalists. The necessity of making out materialistic research as being opposed to any faith, can therefore be recognized by those only, who seek an opportunity to *advertise* their faith. As illustrating the gross inconsistencies to which one becomes reduced in this forced species of argumentation, we append two quotations from Dr. Bauduy's paper:

"Are the heroic inspirations of Homer and Virgil, the admirable calculations of Newton, the splendid speculation of Descarte and of Leibnitz, the funeral orations of Bossuet, the immortal tragedies of Shakespeare and Racine, the *chefs d'oevre* of Michael Angelo, of Raphael and of Rubens, the musical creations of Beethoven and Meyerbeer, the science of an Alexander von Humboldt, the genius of Cæsar and Napoleon, the researches and sparkling scintillations of Harvey, Virchow, Trousseau, Ray, Esquirol and all the illustrious disciples of the great healing art; in a word, are all the literary, artistic, scientific, philosophical, medical, poetic, rhetorical and theological treasures of the world, are we to believe that they are all only the mere reflex products of nervous action?"

Certainly, Dr. Bauduy, if you mis-term all nervous action as reflex! The admirable calculations of Newton dwindled to childish and feeble commentaries on the "Revelations," when senile dementia began to cloud that great intellect and to dull his perceptions, atrophying the essential nervous elements of the cerebrum! The science of Humboldt, as well as the researches of Harvey, were the pioneers of that physiology which Dr. Bauduy is striving to question, and both those writers, if living to-day, would have but a smile of pity for their would-be panegyrist! *

But hearken to the sequel:

"When the cerebral circulation is momentarily disturbed, when an epileptic wave passes over the nervous system, immediately the intellectual faculties are obscured, the moral sense blunted, and the most honorable, learned, prudent, reserved and discreet man commits acts which make us shudder with horror, notwithstanding that, at the same time they disarm public opinion

scientific writers are not orthodox in this sense of Dr. Kempster's orthodoxy, or between *bona fide* observations and the evolutions of a fertile fancy which can perform four autopsies on one body, we should not know what to believe. Dr. Kempster has done the cause of science a service by exemplifying the integrity of loud-mouthed advocates of orthodoxy in our profession.

* For it might reasonably be asked, what have Humboldt, Harvey, Esquirol, Virchow and Trousseau sinned, that their names are mentioned in the same breath with a rancorous opponent of scientific asylum management. Dr. Bauduy might have burlesqued his subject still further by adding the names of other of his auditory abundantly referred to in a recent number of the RECORD.

and retributive justice. Especially the presence of epilepsy produces psychic destruction, which is not unlike the ravages wrought by the fury of the tempest, the most dreadful confusion signals its presence, with, at the same time, an accompanying and absolute moral irresponsibility. *Such exceptions, however, do not invalidate the rule.* * * * * * * * * *"

Is it necessary to comment upon this contradiction at all? Has Dr. Bauduy never been imbued with the lesson, that the normal function of an organ can be inferred from its disturbances in the pathological state? Does not the ridiculous conclusion force itself on the reader immediately, that if the nervous system has no relation to mind, *except when diseased*, that it would be *better to have no nervous system at all*, and to content ourselves with that airy nothing, the "Divine Spark," invoked by Dr. Bauduy, but which seems, in his case, to have been incapable of a sound defense of a false position, as it will be thus incapable in all ages to come?

The Great Creator, invoked by Dr. Bauduy in sustaining his chance philosophy, is the ultimate Great Cause of matter, and of the forces of matter. If the biped creature residing on an insignificant planet, whose absence would hardly shake the solar system to any great extent, and would be practically unappreciated in the Cosmos, can presume to construct this "Creator" as something in his own image and endowed with a similar mental organization, then will that Creator consider that conception of Himself as the nobler conception, which seeks to interpret him through Nature, and not through the evolutions of superstition and fear!

He who is accustomed to seek for the relations between cause and effect, will recognize in the intricate ganglionic and peduncular structures of the cerebrum, a basis sufficient to account for the most complex intellectual acts; certainly a sounder basis than the mere emotional concoctions from the imagination, concoctions which find a significant culmination in religious monomania!

The progressively elaborated nerve pathology and physiology of the present and future, is on the threshold of inquiries which will ameliorate not only the physical and social, but also the intellectual condition of man. There could have been no fitter audience, other things being equal, than one composed of physicians who, in their asylums, recognize the evil influences of hereditary nervous affections, of the abuse of alcohol and other narcotics, of corrupt social and superficial educational conditions, on the human mind, to listen to a paper on the important question of the relation between body and mind. But Dr. Bauduy has missed the great opportunity of pointing out to his hearers, what mode of inquiry should be adopted to discover the remedies for these defects. He has not even the excuse, that such a paper would have been *entirely* unappreciated, for notwithstanding the general maudlin character of the discussion, there were a few members of the association sufficiently clear-headed to take an unbiased view of the subject, and no matter how irretrievably low an association may seem to have sunken, such men as Howard, Wallace, and others not present at the meeting, would form the centre for its amelioration.

No religious creed whose object is the intellectual, moral and social improvement of its votaries, will fear the progressive wave of materialistic research. On the contrary, the most dangerous enemies of the Church, are those of its pretended and demonstrative advocates who are continually endeavoring to bring science and religion into a false position by exhibiting their apparent discrepancies; for they confuse the novice and deceive the laity.

Science is on the search for the true, the true which leads to the beautiful and the good, and Religion, but by more subjective paths, has exactly the same aims as Science.

New York, Jan. 1879.

THE SOLID RUBBER BANDAGE.

Notes on its Wide Range of Usefulness.

BY G. WILEY BROOME, M. D.

There has been no practical device suggested in surgery that has attained a reputation so wide, and so useful, possibly, and in so short a time, as that made by Dr. Martin, of Boston, in respect to the India-rubber bandage. His experience and observations with it warranted its introduction to the notice of the profession and recommend it in the treatment of ulcers, œdema and varicositis of the legs. Scarcely two years have elapsed since Dr. Martin presented his bandage for these purposes. It is now used not only in America extensively, but in nearly all Europe, and has gained a much wider scope of usefulness, and a greater degree of merit for it than its author could have readily conceived.

Those cases for which the India-rubber bandage was first recommended, realize a source of the greatest comfort, the same degree of comfort and satisfaction is also afforded the surgeon, for many of us have frequently felt ourselves baffled by the combination of evils—poverty, occupation and habits of life—which enter so largely into the etiology of these affections. Martin's bandage seems to defy all these difficulties and secures a successful result where other measures have quite failed. The idea once introduced, other cases naturally present themselves in which this bandage seems likely to be useful.

It is recommended by others in rickety curvature of long bones, of either extremity, in very young children. If it be true that curvature of the long bones begins before the child walks, it must therefore be attributed to other causes than the weight of the body acting on bones somewhat softer than usual. Whatever be the exact cause, the India-rubber bandage will be found a very good substitute for the old appliances.

In early and slight cases of genu valgum or genu varum, the India-rubber bandage, applied over a well-padded outside or inside splint (according to the arc), will be found of great service. By this means a constant and uniform traction can be kept up such as is almost impossible with the ordinary bandage, and ought always to be tried in these very young cases before operative measures are resorted to.

In sprains and contusions, followed by swelling and ecchymosis, particularly about the joints, the rubber bandage has proven itself invaluable in my hands.

In such cases, the rubber bandage, when properly applied, keeps up an agreeable and regular support to the weakened and disordered articulating apparatus. I invariably carry an India-rubber bandage in my satchel, when called to see those injured employees who so frequently sustain wounds of the above character upon our railroads centering here. I have under treatment at this time one which may serve as an illustration of my meaning and the manner in which the treatment is conducted:

H. jumped from the cars and wrenched his ankle joint, on Sunday, while engaged in his duties upon the road. The patient realized scarcely any inconvenience in locomotion at the time; walked home in a few minutes thereafter, and soon retired to bed, the injury having been received just at the close of his day's duties.

In several hours his ankle became so painful as to arouse him from sleep, and the next morning he was unable to rest the weight of his body on the foot. After having resorted to ammonia, camphor, and other applications, and the swelling and tenderness of the joint increasing, at the end of three days I was called, when I learned the above facts, and found the tissues about the joint painful and œdematous. I immediately bathed the surface of

the joint thoroughly with liniment, the formula for which may be here given:

℞ Liq. Plumbi sub acetatis dil. ʒiij;
Tr. opii - - - - - - ʒi.
M.

Neatly around the joint there is placed a flannel cloth, following with the application of the India-rubber bandage, beginning at the toes and snugly lapping each margin of the bandage as it is rolled around the foot, joint and above three or four inches. During the first and second days the bandage is removed and the painful parts bathed with the liniment twice or three times daily, and the results are simply wonderful. I desire, while extolling the use of the rubber bandage, to also emphasize the value of the application of this liniment in these cases.

When the limb becoms cold from disease, in talipes or in essential paralysis, the bandage will also be found useful. In these cases it seems to impart warmth to the limb and aids the circulation. Probably this is partly effected by keeping up the action of the skin and its secreting apparatus, and thus physiologically helping in the circulation. This is regarded a factor in many other cases where Dr. Martin's bandage is found serviceable.

For another variety of cases in which the solid rubber bandage has accomplished remarkable cures, and for some further suggestions as to the uses of the rubber bandage of Dr. Martin, the reader is referred to a monograph by Dr. L. Duncan Bulkley, and published by Putnam's Sons, of New York.

Moberly, Mo., January, 1879.

Pyopericardium.—Dr. Douglas (Trans. Detroit Med. and Library Association, Jan. 1879) related a case in which he removed fifty-four ounces of pure pus from the pericardium, with the aspirator. The symptoms were very urgent, and the operation was followed by marked relief. The patient rapidly improved, and the operation was certainly indicated, and its success is very encouraging in similar cases.

THE RUSSIAN PESTILENCE.

BY LOUIS BAUER, M. D., M. R. C. S., ENG., ETC.

In some Russian provinces, especially in Astrakan, a zymotic disease has made its appearance which, from its rapid spread and destructive mortality, attracts the attention of the governments of Europe, the medical profession and the sanitarian to an unusual degree, and fills the public mind with dismay. The prevailing apprehension of the scourge seems to be well founded, for ninety-five per cent. of all those affected fall its victims, the healing art and all measures for its repression, thus far, have failed to change its course, and the destruction caused by this veritable pestilence goes on unchecked.

Its origin has been ascribed to the Cossacks returned from the trans-Caucasian battle-fields, whence they brought home all sorts of spoils, clothing, blankets, etc., partly taken from bodies more or less advanced in decomposition.

Since their return, typhus had already broken out in the same locality, now the seat of the new disease, and assumed epidemic proportions, rendered malignant by the squalid condition of the inhabitants, bad water, miserable dwellings, dirty habits, scanty and improper food and early and incessant rains. The mortality was consequently very heavy, adults and men were attacked more than children and women.

The common danger has been fully recognized by the population and the people seem to be anxious to coöperate with the energetic efforts of the authorities. The latter have sent physicians and supplies, and have adopted all measures suggested by the sanitary counsellors of the state for effective quarantine and repression.

To typhus is now added the new plague, which seems to have made its way from the South and Southeast to the Southern part of Russia.

The question is asked on all sides: what

is the nature of this new invasion? It is evident that it has nothiug in common with the first epidemic of typhus, for their symptoms differ too widely to permit them to be confounded by a professional observer. From a letter in the Vienna *Medical Weekly*, from St. Petersburgh, dated the 6th of last month, we derive the following information regarding the pestilence:

According to the symptoms and duration, there are several marked varieties of the disease. Sometimes the attack is ushered in by a violent rigor, at others, by *a feeling* of intense heat, which is, however, not demonstrable by the thermometer. The expression of the eyes is languid, the voice tremulous, the tongue furred, white, and very soon covered with black sordes; and whilst restlessness, depression and despondency prevail, the patient dies with all the symptoms of complete exhaustion. The sensorium is implicated in most cases; from a simple feeling of heaviness up to delirium. Sometimes only intense headache is present. Generally there is a great deal of retching and vomiting. The surface is occasionally covered with profuse perspiration, which, however, brings no relief to the patient. Mostly there are eruptions, either in the form of maculæ (red), papulæ, vesiculæ (miliariæ), and pustules, which may give the case the appearance of variola. A most characteristic symptom of the scourge is a painful swelling in the inguinal region; similar swellings may, however, occur upon other parts of the body with a tendency to sloughing. The symptoms accompanying death are as variable as the forms of the disease itself. Some patients die suddenly, as if struck by apoplexy, others may linger from three to four days. Some retain their consciousness to the very last moment, whilst another, as if taken by mania, wanders aimlessly about the streets or fields.

The pest is, to medical science, a *terra incognita*, which is the more to be regretted since it spreads terror wherever it goes, and destroys more lives in one year than all the Napoleonic wars conjointly.

Whether this disease corresponds with the plague which rarely dies out in the Orient, and is said to originate in the swamps of Lower Egypt; whether it is the same epidemic which devastated Athens, and which was inimitably described by Thucydides; whether it is the same disease which was so fatal in ancient Rome in the seventh century after her foundation; or the same plague which, under the Emperor Justinian, ravaged the then known world, and probably destroyed twenty-five per cent. of all then living human beings, we know not, nor do we know whether the present pestilence is a repetition of the Black Death, which prevailed in the twelfth, again in the thirteenth, and last in the fourteenth century of the Christian era. We can say, however, that the probabilities are in favor of their identity.

At any rate, sufficient is known of the present epidemic in Russia to set all minds at work that have to deal with the question either as an object of treatment or of quarantine repression.

519 Pine street, St. Louis.

[Note.—Since the above article was in type, we have received the "Bulletin of the Public Health," for the week ending Jan. 25, 1879, from the Surgeon-General U. S. Marine Hospital Service, from which we cite the following:

"*St. Petersburgh.* * * * * The disease prevailing in Southern Russia has been definitely recognized by the Russian health authorities as the plague. At Astrakan there were 195 cases, of which 143 proved fatal during the first two days of January. Precautions are being taken by most of the European governments against its introduction into their respective countries."

The Clinical Record will consider it a duty to watch the progress of the scourge, and bring to its readers the latest and most trustworthy observations and views of the profession in the old world, more especially

from those that have faced the enemy, and from personal clinical experience can enlighten the profession at large.—Editor Record.]

Translations.

(Translated for the Clinical Record.)

Action of Ergotine—Treatment of Hemorrhages by Subcutaneous Injections.—Dr. Peton has recently written a thesis upon the action of ergot and the efficacy of its preparations as anti-hemorrhagics (*De l'action physiologique et thérapeutique de l'ergot de seigle*), an abstract of which appears in the *Journal de méd. et de chir. pratiques*, for January, 1879. We condense the article and offer it to our readers:

Efforts to extract an active principle, an alkaloid, from ergot have generally failed. The crystallizable principle obtained by Tauret, called ergotinine, appears to be a toxic element rather than one capable of inducing contraction of organic muscular structures.

Ergotine is merely a more or less concentrated extract. It is very variable because of differences in the modes of preparing it.

When ingested, ergotine proves of little efficacy in producing uterine contractions; it is much more useful when employed against hemorrhages in general. Although of no value in obstetrics, we may employ it in the treatment of hæmoptysis, etc.

Recent researches seem to indicate that the cause of its inefficacy in midwifery is due to defective methods of administration. We are now certain of its great value in visceral hemorrhages, and it is very probable that we shall be able to rely upon it to provoke uterine contractions. Besides, pharmacy will give us an agent more manageable and more regular in its action than ergot itself.

The action of ergotine is infinitely more efficacious when given by the *endermic* method, especially when it is introduced *in situ*.

The proper form for subcutaneous injection, has also been studied. Among the best formula for this purpose is that adopted by M. Terrier, surgeon to the Salpétrière, who injects, at one time, one gram (about a syringeful) of the following solution:

℞ Glycerine, 16 grams = - - - - ℥iv;
Water, 15 grams = - - - - f ℥ss;
Ergotine (Boujean's) 5 grams = gr. lxxvii.
M.

The dose for one injection contains about six or seven centigrams (1 gr.) of ergotine. The objection to the above is that the glycerine is irritating and produces abscesses.

M. Yvon has obtained a very limpid liquid, a cubic centimeter of which represents one gram of ergot. It is only slightly irritating, is adapted to hypodermic use and keeps very well. Although but little irritating it still may occasion sharp pain at the point of introduction, and, at times, abscess. It will probably be better to inject only half a gram (7½ gr.) at a time.

M. Yvon's process is as follows: Pulverize the ergot; deprive it of its fixed oil by sulphide of carbon; dry the mass. Exhaust in the cold with distilled water containing a little tartaric acid. Evaporate to one-third of its bulk. Cool, and filter. Saturate the acid with carbonate of lime. Evaporate to a syrupy consistence and precipitate with alcohol at 90. Filter, decolorize, and add 15 centigrams (2½ grs.) salicylic acid to each 100 grams (3 oz.) of ergot. Add cherry laurel water until the weight equals that of the ergot employed.

It is desirable that this preparation should become common, for experiments upon animals have demonstrated that it is very efficacious. M. Peton tells us that it determines contractions of the uterus, bladder, intestines, and particularly of the walls of the blood-vessels. As yet we have no observations of its effects upon the human uterus. But we have already some medical

cases in which it has been used with success.

A case of violent hæmatemesis, reported by Dr. Hottenier, is cited. Boujean's ergotine was injected hypodermically, and the success obtained was all that could be desired.

A case of hemorrhage, probably from hemorrhoids, in a man of sixty-four years, under the care of Dr. Benoit, in which ergotine was given by the mouth without effect, was relieved by two hypodermic injections into the thigh, practiced on successive days.

Two cases are cited successfully treated by Dr. Massart (de Honfleur), of obstinate hæmoptysis, after failure of all other modes of treatment.

M. Colson and M. Bucquoy have had equal success with hypodermic injections of ergotine in rebellious cases of hæmoptysis.

M. Porack has had equally good results in the treatment of epistaxis. He made a single injection, in the case of a young man of nineteen years, who, for six weeks, had had frequently repeated attacks of nose-bleed, and in twenty minutes the epistaxis ceased. M. Colson was equally successful in a case of the same kind, that had lasted forty-eight hours, in an old man of sixty-four, who was an inebriate. The flow ceased in ten minutes after the injection. The same result was obtained in a cachectic female affected with nephritis with albuminuria, in whom epistaxis placed life in danger. In these cases the injection was made into the cheek excepting the last, in which the shoulder was the point selected. The solution employed was always that of two parts in thirty.

M. Legroux reports a case of uterine hemorrhage of two months duration caused by the presence of a fibroid, in which two injections of Yvon's ergotine, 1 gram (15 grains) each, made with an interval of two days, arrested the symptoms. In another case of fibroid tumors, two injections of Bonjean's ergotine caused abscesses without stopping the hemorrhage, one injection of Yvon's preparation—1 gram—caused no abscess and arrested the flow.

Several cases of metrorrhagia thus arrested have been reported by Drs. Terrier and Massart (de Honfleur).

It is remarkable that subcutaneous injections are active with very small doses. One, two, or three grams (15, 30 or 45 grains) of ergotine may produce very little effect when given by the mouth, while the same preparation (Bonjean's) in doses of from seven to fifty centigrams (one to seven grains) by injection have given the most complete and immediate results.

Osteo-Myelitis During Growth.—M. Panas made a remarkable report (Académie de Médicine de Paris) upon a paper by M. Lannelongue treating upon this, one of the most important of surgical subjects. M. Panas remarked that ostitis of adolescents had been diversely interpreted by different authors; according to some writers it always commences by a periostitis, and afterwards invades other portions of the bone, whence the name: diffuse phlegmonous periostitis (Giraldès); according to others —M. Lannelongue among them—it always begins in the bone marrow, and the name, osteo-myelitis, given it by M. Chassaignac, is then alone suitable; others term it simply ostitis, under the impression that it may take its origin in either of the ways indicated. This diversity of opinion evidently shows very different forms of the disease, and to explain the difference in its progress M. Panas insists upon the anatomical constituents of bone. The medullary substance is not found alone in the central bony canal, its cells are also found, although in less abundance, under the periosteum; there is an *endostial* and a *periosteal* marrow; the diverse appearances of the disease are thus very easily explained. Nevertheless, M. Lannalongue is a partisan of the central origin of this affection, and

bases his opinion upon facts derived from pathological anatomy and clinical observation. Thus, filled with the idea that the phlegmasia begins in the interior of the bone, he proposes trephining as the only means capable of arresting, at the outset, the progressive march of the disease. But M. Panas remarks that the good results of this method may be explained by the flow of blood thus produced—for often not a drop of pus is obtained—and also by the incision of the periosteum which takes place at the same time. Like other authors, M. Lannelongue describes, finally, osteomyelitis of the short and flat bones (cranial bones, lower jaw, scapula, ilium, vertebral bodies, calcaneum, rotula) ; it may be produced in the cranial bones by abscess under the dura mater; he thinks that in many cases Pott's disease of the spine has no other origin.

M. Panas, in his report, completes certain points not examined in the memoir, especially in relation to the etiology of the disease, and the reason of it being sometimes so benign in character, and at others so grave that it merits the name of "typhus of the limbs." In these cases we must see accidents due to blood-poisoning which takes place by a local infection for the bone lesions, communicating with the outside by dyscrasia and primary infection of the blood, then spontaneous inflammation of the bone. Kocher has made some experiments that demonstrate this fact. After having provoked, in animals, lesions of the osseous medulla, and dressed them by the antiseptic method, which always prevented accidents, he fed them with septic substances, and these accidents (osteo-myelitis) were not long in showing themselves. These results are in conformity with those obtained by M. Chauveau in his experiments upon castration of animals by twisting. Hence it is very probable that it is the primary infection of the blood which gives this disease extreme gravity.—*Journal de méd. et de Chir. pratiques*, jan. 1879.

Insufflation of the Urethra to Facilitate Catheterization.—(Lyon *Médical*, 12 janv. 1879) Dr. Tytler, on two occasions, had not succeeded in introducing a catheter into the bladder. The patient was a man of seventy years, with several perineal fistulæ. Attributing this failure to twisting of the canal, caused by cicatricial tissue of the fistulæ, he attempted to remedy the condition by injecting into the urethra a solution of bicarbonate of soda followed by one of tartaric acid.

While the meatus urinarius was closed with one hand, the fistulæ were blocked with the other in such a manner that the canal was very strongly distended, gas finally escaping by the fistulæ. Dr. Tytler then immediately tried catheterization anew, and succeeded without difficulty in introducing a No. 3 sound into the bladder.

Whenever insufflation is to be tried, as in certain cases of retention of urine, or preliminary to urethrotomy, it will be easy to effect it by means of a special instrument devised for that purpose.—*Union Méd. de Paris*, 4 janv, 1879.

Cauterization in Diphtheria.—(*Ibid.*) Dr. Beaupoil (d'Ingrande), in a recent memoir, very properly combats the employment of caustics in diphtheria. His conclusions are as follows:

1. Caustics, and especially liquid caustics,, extend their catheretic action beyond the false membrane in contact with the peripheral mucous membrane, destroy the epithelium, facilitate the extension of the false membrane and the inflammatory swelling.

2. Cauterization is the principle cause of the extension of the false membrane from the tonsils to the pharynx, etc.

3. Pharyngeal cauterization, and especially that effected with nitrate of silver, favors the development of diphtheritic paralysis.

We shall content ourselves with recalling the importance of astringents and disin-

fectants, locally, and of tonics, wine, alcohol and preparations of cubebs, internally. —*La France médicale*, 1 janv. 1879.

CEREBRAL HEMORRHAGE FROM IODIDE OF POTASSIUM.—(*Le Progrès Médical*, 11 janv, 1879) M. Hallopeau related (Société de Biologie) the case of a patient, aged thirty years, syphilitic, who had for a long time been subjected to treatment by iodide of potassium. Purpura hemorrhagica first appeared, then alternate hemiplegia. The latter symptoms M. Hallopeau thought should be attributed to a hemorrhage caused by the influence of the iodide.

Extracts and Abstracts.

TOBACCO BLINDNESS AND ITS PREVENTION. —Dr. Julian J. Chisholm, of Baltimore, writes a very important paper upon this little understood subject (North Carolina *Med. Journal*, Dec. 1878) which we abstract as follows:

Dr. Chisholm has treated thirty-five cases of tobacco amaurosis during the past eight years. This number of cases occurred out thirteen thousand seven hundred and twenty-three persons treated for affections of the eye during that period. He attributes this very large proportion of cases arising from this cause to the fact that his practice has been mainly limited to inhabitants of the great tobacco producing States of Maryland, Virginia, North Carolina and Kentucky, where the habit of smoking tobacco prevails to a greater extent than elsewhere; while the tobacco is cheap and unadulterated. Smoking is far more hurtful, in this regard, than chewing tobacco.

Symptoms.—"After the long use of tobacco by some of these persons, their sight becomes slowly, painlessly, steadily cloudy; a smokiness not explainable by the approach of age. * * * * All surrounding objects are seemingly befogged. Not only is the street full of thin smoke, but the room is also veiled in a mist, both distant and near objects being somewhat obscured. Nothing is sharply defined to such an eye. Small letters fade entirely from view and only large print can be made out. * * * * Glass after glass is put on in vain; none remedy the defect. * * * Month by month his vision seems to get more cloudy and increases his anxiety. * * * If the cause is not yet suspected, his mental worry and his daily meditation with no evidences of improvement do him no good; while idle hours and desire to sooth his restlessness by much smoking augments the trouble of vision. The mist thickens with the accumulating poison in his system. In the course of time even larger objects can not be defined, and blindness slowly but surely creeps on, until, in very extreme cases, sight may be reduced to the mere appreciation of light."

"While the power of vision has been steadily declining, the eye-ball has at no time lost any of its natural brightness. It will compare favorably with any healthy eye, and in this connection each portion of the visual organ will bear the sharpest scrutiny. The eye has been at no time congested. The cornea is clear, the pupil acts well, no pain nor grittiness has been at any time induced by attempt to use the organ, so that an outside examination reveals absolutely nothing to explain the increasing defect in vision. * * * * * *the very absence of physical signs indicates a nerve poisoning*, a diminution in the sensitiveness of the nervous structures, with as yet no tangible change in the physical condition of either retina or optic nerve which the observer can detect."

"As to the quantity of tobacco necessary to cause paresis of the optic nerve there seems to be no fixed amount. I have known men poisoned by one single segar a day, and I have known others smoke thirty segars a day with impunity."

He has seldom found a case of amaurosis that could be traced to the use of alcohol alone, but has found many cases of rapidly increasing dullness of sight in persons who used tobacco but absolutely no alcohol in any shape.

Treatment.—The growing fog will yield to no treatment whatsoever as long as the use of tobacco is persisted in, while, if the daily dose of the poison is stopped before white atrophy of the optic nerve, and consequent deterioration of the retina has occurred, a decided and rapid improvement will take place to the complete recovery of the patient. This result will often be secured without medicines, simply by stopping the use of tobacco.

There must be no "tapering off" in the use of the narcotic; it must be stopped ab-

solutely and at once. Remedies are valueless as long as smoking is continued.

Recovery may be hastened by the use of appropriate stimuli; strychnia is the best, electricity holds the next rank. In using strychnia, he has found no advantage in the hypodermic injection of the remedy, but many disadvantages. He uses sugar-coated granules by preference. The disagreeable taste is effectually covered, and the dose is accurately defined. To adults he gives a minimum dose of one-twentieth of a grain, after eating, three times a day. Absorption is slower when thus given, and the effects are equally as beneficial as when taken fasting, while they are not so disagreeable. He orders the first pill to be taken after breakfast; if no stiffening of the muscles is occasioned, a second is taken after dinner; should this not disturb, a third should be taken after supper. Should any muscular stiffening be induced from any of the pills, no more should be taken that day. On the fourth day he begins to double the dose, by giving two pills after breakfast; the other two doses remaining as before. If no bad effects follow, on the fifth day two pills are given after breakfast and dinner, and by the next day, the dose is two after each meal. After a few days, the dose is again cautiously increased in the same manner. Some patients are never able to exceed six pills a day, but most of them rapidly acquire a decided tolerance of the drug. His rule is to give a smaller dose after supper than after breakfast or dinner; the drug is absorbed more rapidly than it is eliminated, hence there is an accumulation in the system. It is desirable that the dose should *daily exhibit some physiological action*, however slight the contraction may be. The most rapid improvement in the sight accompanies this manifestation of strychnia action. Where no appreciable excitation is induced by any given dose there should be an increase in the amount of strychnia administered. When no excitation is induced no improvement can be hoped for. The inutility of ordinary doses of one-sixtieth or one-thirtieth of a grain, given for a long time, is thus explained. The use of the drug should be continued as long as any improvement can be noted. In relation to timid medication for this trouble, he says: "The one-thirtieth of a grain injected hypodermically once a day or three times a week for the cure of amaurosis is only an imposition on the credulity of the patient, and a strong point to the credit of the *vis medicatrix naturæ* should any benefit accrue from the defective mode of administration."

Iodides of Cinchonidia and Quinia.—Dr. John Vansant, Surgeon U. S. Marine Hospital Service, of Cincinnati, describes, in the *American Practitioner*, Jan. 1879, some new combinations of iodine with the alkaloids mentioned. He describes two iodides of each alkaloid, and the methods of obtaining them. We refer the reader to the journal quoted for full particulars on these points. He especially recommends the prot-iodide of cinchonidia as a most excellent tonic in debilitated states of the system arising from many causes, and in all that large class of diseases in which quinia, or iodide of potassium, or both, are indicated. His formula for extemporaneous preparation thereof is as follows:

℞ Cinchonidiæ sulph.,
Potassii iodidi,
Acidi citrici, *aa* 1.5 gram=gr. xxiii;
Aquæ destillat. 175 c.c. (about f ʒvss.)

Dissolve the cinchonidia and acid in the water, then add the potass. iodid. and agitate.

Sig. Dose a tablespoonful in water, three or four times a day.

This solution can be used without decomposition in connection with other medicines in special cases when desired, as, for instance, in combination with a small quantity of tincture of colchicum or of aconite, in rheumatism or neuralgia; with iodide of potassium in syphilis; with tincture of opium or solution of morphia, in diarrhœa or dysentery; or with tartar emetic and morphia, in pneumonia or bronchitis. In malarial fevers, he thinks it more efficient and prompt than twice the weight of any of the alkaloids of cinchona, combined and administered as they usually are.

By substituting quinia for cinchonidia in the above mixture, the prot-iodide of quinia is obtained. By adding chlorine water or Labarraque's solution to the solution of the prot-iodide, a bin-iodide is separated.

Treatment of Morbus Coxarius.—Dr. Joseph C. Hutchison, of Brooklyn, N. Y., describes (*Am. Jour. of the Med. Sciences*, Jan. 1879) the plan of mechanical treatment of hip-joint disease that he has followed for some time past. He has found it to be simple, efficient and comfortable to

the patient. His idea of the treatment of this affection is that the indications are as follows: (1) to secure immobility of the joint; (2) to procure extension of the limb; (3) to take off from it the superincumbent weight of the body; (4) to provide means to enable the patient to take exercise in the open air.

He thinks that no apparatus is required to immobilize the joint; reflex contractions of the peri-articular muscles, aided by the intra-capsular effusion and the voluntary efforts of the patient to keep the joint at rest, suffice to effect this desideratum. To obtain extension of the limb requires no apparatus, provided the other foot is provided with a patten or elevated shoe, and the patient goes about on crutches. This is the essence of his method. It is thus described:

"To the shoe of the sound limb a steel plate corresponding to the sole of the shoe is attached by two or three upright rods, two and a half or three inches in length, so as to raise the foot from the ground; it is the shoe ordinarily used for shortened leg. This elevated shoe and a pair of crutches constitute the apparatus. As the patient stands on his crutches, the diseased limb is suspended. The shoe should be high enough to prevent the toes of the affected limb from touching the ground, and the sole should be covered with leather to avoid noise in walking."

[Although Dr. Hutchison alludes casually to Mr. Thomas, of Liverpool, he does not mention the fact that Mr. Thomas introduced the *patten*, precisely as Dr. Hutchison describes it, for exactly the same purposes. Mr. Thomas, however, uses other means for immobilizing the articulation, and does not use the patten until the limb is straight. It would certainly seem merely an act of common honesty for Dr. Hutchison to have acknowledged the paternity of his(?) "New (*sic*) Method of Extension."—Ed. Record.]

Sulphide of Calcium in Inflammation of the External Auditory Meatus.—Dr. Samuel Sexton (*Am. Journal of Otology*, Jan. 1879) has used this preparation with great success in the affection indicated. He confirms Sidney Ringer's statements regarding the efficacy of calcium sulphide in all furuncular inflammations. He gives it in nearly all cases where inflammation of the meatus externus is a symptom, in some stage or other of the disease, but especially in those where suppuration has occurred or threatens to occur. He also employs it in cases where caries of the bone, periostitis or extensive destruction of the tissues have already taken place.

Under this treatment, furuncles in the meatus are frequently observed to abort and dry up without a discharge of pus. In cases where the pain is urgent from distention, or collections of pus too large to be absorbed exist, of course, free incisions are to be employed.

He gives "the first decimal trituration" (calcium sulphide, 1 part, sugar of milk, 9 parts, well triturated) in doses of one grain every two or three hours in urgent cases; less frequently in those that are subacute. In children, the dose should be less; a grain of the trituration may be diffused in water. The medicine is usually given dry upon the tongue, and the only unpleasant symptom provoked is occasionally nausea, caused by its disagreeable taste.

Elastic Pressure in the Treatment of Inflammation of the Joints.—C. B. Keetley, F. R. C. S. (London *Lancet*) relates several cases of synovitis of the knee-joint successfully treated by compression with the strong elastic bandage. His process is as follows:

1. Envelope the knee in cotton-wool. (This is a step probably not necessary, and perhaps not desirable. Experience will decide.)

2. Take an hydraulic bag (a Barnes' dilator) long enough to extend from two inches below the tubercle of the tibia to three inches above the upper border of the patella. Place it longitudinally along the joint, towards the front, but on one side of the patella, having previously not quite half filled it with water.

3. Apply an ordinary broad Esmarch's bandage of good quality over all, while an assistant holds the orifice of the strephometer (Barnes' dilator) tube at a definite height—that used in the case reported was twenty-eight inches, *i. e.*, perpendicularly above the level of the patella. Obstinate cases might require a greater pressure. When the bandage has been applied the water in the tube should just overflow its orifice; if the water should not fill the tube,

add enough to do so, through a funnel. The bags should be made of the softest rubber, and without rigid, unpleasant seams. This method accurately gauges the amount of pressure applied.

4. In the case quoted, this amount of pressure was borne without discomfort for eight hours continuously.

5. A common, cheap elastic bandage should be worn for months after the cure of chronic cases, to prevent relapse. Aspiration may be combined with elastic pressure when the effusion is great and the case obstinate.

Dr. Martin's paper is warmly endorsed by the writer, and cordially commended to the English reader.

Earth Treatment for Abdominal Tumors.—Dr. Addinell Hewson (*Med. Bulletin*, Jan. 1879) recently described his method of treating abdominal tumors with earth, before the class of the Jefferson Medical College, Philadelphia. He claims remarkable success for his method. He uses pure, clear clay, such as is used for brick-making, of a yellow tint (due to the presence of iron), free from sand or grit; this may be determined by chewing it. This earth is dried by a low fire or in the sun; it must not be roasted, its therapeutical action being destroyed by baking. This is rolled and sifted. It is prepared for use by mixing it with sufficient water to form a thick paste, which is spread all over the tumor: to make it dry as quickly as possible, he lays a towel on the layer, and thus abstracts as much of the water as possible. The towel is removed, and in its place a layer of the best cotton wadding is smoothly spread upon the paste. This is for the purpose of hastening the drying and holding the earth in its place when dry.

A considerable degree of heat is given off during the drying process, similar to that developed when plaster-of-Paris sets. No heat is developed when the moist clay is permitted to dry on a board or in a bowl. Dr. Hewson thinks the earth acts chemically—this development of heat he thinks is evidence of chemical action. A simple supporting bandage completes the dressing—a waistband and loop—no amount of pressure being exerted. It is allowed to remain in position two or three days—until it falls off—sometimes as long as four or five days at a time, then renewed.

Dr. Hewson claims that he has secured perfect recovery in several cases of uterine and ovarian fibrous and fibro-cystic tumors. The pains diminish with the first application, and the size of the tumor lessens, as demonstrated by decrease in abdominal measurements. There are cases particularly rebellious to treatment and generally hopeless of relief.

[It is certainly desirable that Dr. Hewson's plan should be thoroughly tested. He seems to be an enthusiast on the subject of the earth dressings, for all sorts of surgical diseases and injuries, yet we hope no one will be deterred from making a trial thereof on this account.—Ed. Record.]

Safety of Puncture of Hepatic Abscess.—Surgeon-Major M. C. Turnell, Senior Physician to the Madras General Hospital, contributes to the *Lancet*, Nov. 16, 1878, a paper on the subject. He gives a number of cases, and his opinion of the operation is thus expressed in an opening paragraph:

"In the following histories it will, I think, be seen that, even when none but the most ordinary precautions which any careful surgeon would take in opening an abscess in such an important region, are adopted, the great bugbear—'entrance of air'—does not, as asserted by Surgeon-Major Lowe, and so feared by Dr. Budd, 'invariably' take place; and the remaining cases show that if antiseptic precautions are taken, and above all, any attempt at squeezing the abscess avoided, the simple incision by scalpel, followed by puncture with a trocar, is preferable to the forcible extraction of pus by an aspirator; and that keeping the wound open by a piece of carbolized lint is immeasurably superior to allowing the canula to remain in, as recommended by Dr. Murchison, and so frequently practiced by the older surgeons.—*Med. and Surg. Reporter*, Jan. 4, 1879.

Sapo Viridis.—E. B. Shuttleworth (*Canada Pharm. Jour.*) gives the following method of preparing green soap on a small scale:

Into a clean pot or dish, preferably of iron or copper, and capable of containing at least three times the quantity, put one part (say four ounces) by weight of linseed oil, and add in two portions, three parts in all by measure (twelve fluid ounces) of liquor potassæ, U. S. P. Boil quietly, with

frequent stirring, until the mass becomes clear (for the quantities named about one hour), adding water cautiously during the process, if the mass becomes too thick to stir easily. When cool, but before the soap "sets," work in the coloring matter, prepared by boiling finely-powdered indigo (twenty grains) with water (1½ ounces), until formed into a uniform thin paste. The soap must not be too hot when the color is added, or the desired green will not be obtained.—Detroit *Lancet*, Jan. 1879.

Poison of Syphilis.—At the last session of German naturalists, Klebs detailed his experiments made to detect the nature of syphilitic poison. If pieces of a Hunterian chancre are placed in a solution of gelatine, a vegetation of fungi is speedily observed. This consists of minute rods, at first of lively mobility, which array themselves subsequently in oval masses. The cultivation of this fungus was continued by transferring some germs into fresh solutions of gelatine. Small quantities of this turbid fluid were placed underneath the skin of a monkey. After six weeks the animal suffered from indurated ulcers in the mouth, of a decidedly syphilitic appearance. The autopsy revealed, besides, syphilitic alterations of the dura mater and of the lungs. In another monkey similar syphilitic appearances were caused by direct inoculation with a portion of a Hunterian chancre. Different tissues and especially the blood of these animals placed in solutions of gelatiue gave rise again to the above described fungus. Klebs here claims, that these fungi constitute the syphilitic virus, and proposes to call them helico-monads.—Chicago *Med. Jour. and Examiner*, from *Centrallb. f. Chir. Chir.*, No. 18, 1878.

Coffee.—Prof. Binz finds that the active constituents of coffee possess a certain antagonism to the action of quinine. He also finds that the infusion of coffee or caffein in dietetic doses causes an increase rather than a decrease of the tissue changes. This conforms to the observations of Voit and Hoppe-Seyler.

[This partial antagonism to the action of quinine has long been taken advantage of, in the Mississippi Valley, to prevent the disagreeable effects of cinchonism after large doses of the latter. It would be well to investigate whether there is any diminution in the febrifuge or anti-periodic effects of quinine when the use of coffee is conjoined with this object in view.]

Origin of the Plague,—In an editorial in the Philadelphia *Med. and Surg. Reporter*, of Feb. 8, 1879, we read that in India, the first outbreak of the *plague* occurs in animals which burrow in the earth. Rats are usually the first attacked. They come out of their holes and soon die. As soon as this is observed the inhabitants prepare for the epidemic by lighting fires in every room in their houses, and restrict their diet. Buffaloes, oxen, sheep, deer, pigs and dogs then sicken and many die—dogs least of all—before man is attacked. Some color appears to be given by this to the theory that ascribes the plague and other epidemics to noxious exhalations from the soil.

Diphtheria.—"The report of the government inspector appointed to investigate the causes of a recent epidemic of diphtheria in North London traces the source of infection to the milk supplied to the affected households. None of the ordinary means of infection of milk by polluted water, or by the vicinage of diphtheritic infection in any discernable form could be ascertained and the report suggests the probability of the infection being derived from some pathological condition existing in the cow."—*Bulletin of the Public Health*, Jan. 25, '79.

Epilepsy.—Dr. I. R. Casselberry, of Hazelton, Pa., writes to the Philadelphia *Med. and Surg Reporter*, that he found that the usual treatment by bromides of potassium and ammonium did no good when given three times a day after meals, but the same mixture was effective when given every eight hours—regularly dividing the doses through the twenty-four hours.

Lactic Acid, as a hypnotic, has been found by von Böttcher to be very untrustworthy, while its after effects upon the digestion were very unpleasant. Only about one-third of the persons experimented upon experienced any hypnotic effect from large doses of the lactate of sodium, the salt employed.—*London Med. Record*, Oct. 15, '78.

Iodoform is strongly recommended by Prof. Zeissl, of Vienna, as an internal remedy in syphilitic neuralgia. He relates two cases which resisted all other treatment and yielded only to this remedy.—*Med. Times and Gazette*, Nov. 30, 1878.

St. Louis Clinical Record.

WM. B. HAZARD, M. D., Editor.

ST. LOUIS, MO., - - - - FEB., 1879.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

We are not responsible for the views of correspondents

Editorial.

HIGHER MEDICAL EDUCATION.

Notice is hereby given that we will advertise no medical college in the CLINICAL RECORD except those requiring a strict *preliminary examination* of matriculants and attendance upon *three full annual* courses of lectures, of not less than four months each.

If every journal will follow our example, the colleges will soon be brought into full accordance with the true principles of "higher medical culture." We shall see how much sincerity there is in the professions of those medical journals which have made so much capital out of "reform."

ETHICS ON THE RAMPAGE.

During the Spring and Summer of 1878 it became painfully evident to a certain class of St. Louis medical men that they could not control either of the established medical journals, the St. Louis *Medical and Surgical Journal* or the St. Louis CLINICAL RECORD. There was also fear of the establishment of a new medical college to be conducted according to the principles which govern Harvard and the University of Pennsylvania. Accordingly, it was determined to issue a journal that should faithfully reflect the views and pander to the vanity and interests of the circle before-mentioned. A stock company was therefore formed composed essentially of members of the faculties of the two St. Louis medical colleges. In September, 1878, the circular, announcing the prospective beauties of the concern, was issued and distributed by the thousand, not only to the physicians of the country, but also to the *laity*. The object thus attained was, of course, extensive advertising of the specialties of the several "reporters" named therein.

In our November number we gave the new venture the following preliminary notice:

"NEW JOURNAL.—Jan. 1, 1879, St. Louis will give birth to a new medical journal, the St. Louis *Courier of Medicine and the Collateral Sciences*. Dr. A. J. Steele, Editor; Dr. W. A. Hardaway, Associate Editor, and Dr. E. W. Schauffler, of Kansas City, Corresponding Editor. It will be a monthly of eighty or more pages, 8vo., $3 00 per annum. Conducted by gentlemen of acknowledged ability, it cannot fail of attaining a brilliant success."

We submit that the above was as courteous and generous a notice as was ever given a rival journal by any publication. It was given, however, under the impression that the conductors of the new magazine *were gentlemen*—a mistake, as the sequel shows.

In the Boston *Medical and Surgical Journal*, of Jan. 9, 1879, we read the following, which is in the concluding paragraph of a letter from St. Louis, dated Dec. 24, 1878:

"Long since dissatisfied with our local medical press, the representative men of the city and State have associated themselves together, with an abundant capital, for the purpose of establishing a monthly periodical, which, it is hoped, will be second to none in the country. The enterprise is not a personal one in any sense; no party ends are to be served, and all profits accruing from the publication will go to the further endowment of the magazine."

This was signed "H. A. W." The initials were at once recognized by every one as those of the associate editor, W. A.

Hardaway. It appeared to us that the assurance of this individual deserved some rebuke. It seemed to us supremely ridiculous, that this man, who had been received as a *beneficiary* at the medical college, and who only passed his examinations through the over-wrought sympathies of his professors; that he should don the "lion's skin" of the profession of Missouri, and roar thus fraudulently in his disguise. We therefore determined to teach him a lesson, hoping he would go his way and not again transgress the rules of honesty and gentlemanly conduct. The following paragraph was therefore written and inserted in the CLINICAL RECORD for Jan. 1879:

"WEATHER PREDICTION.—About this time look out for gratuitous advertisements of a new literary(?) venture smuggled into unsuspecting journals under the thin disguise of 'St. Louis Letters,' signed H. A. W., or W. A. H., or A. S. S. The latter initials, however, might be applicable to editors allowing themselves to be thus imposed upon."

The "(?)" in this paragraph was inserted because of our honest doubts regarding the *literary* acquirements and ability of the parties having the new journal in hand—doubts fully justified by the first issue, but of this, more anon.

After the "Weather Prediction" was in type, the associate editor of the *Courier* called upon us and stated that his letter to the Boston *Journal* had been written *solely* with reference to the St. Louis *Medical and Surgical Journal*, and that he had not the slightest idea of referring to the CLINICAL RECORD, even remotely; this he asserted "upon his honor as a gentleman," to use his own words." He admitted that he had no right to speak for all the leading men of St. Louis, and stated that a proper correction would be made.

We have since learned that this person called upon the Editor of the St. Louis *Medical and Surgical Journal*, and protested that the sentence above quoted was intended to apply only to the *Journal* as conducted by the late Dr. Edgar, and especially to the CLINICAL RECORD; and that no reference whatsoever was intended to the *Journal* under the present management.

The fine chivalrous spirit that prompted this *post mortem* attack upon a professional brother to shield himself from the consequences of his transgression of truth and courtesy, is readily appreciated, it certainly requires no comment from us. A comparison of his statements made to the two St. Louis editors will enable the Boston *Journal* to place the proper estimate upon such "correspondence."

At 9:30, P. M., Jan. 21, this individual, accompanied by a *stockholder* in the *Courier*, called at our private residence and asked for a private interview, which was granted him in our *dining-room*. On being asked the object of his call, he answered: "I understand, from your journal, that you call me a liar, a smuggler and an *ass?*" to which we replied that he was at liberty to *understand* anything he chose. Thereupon he made an assault upon us with a heavy stick—a struggle ensued in which we both fell. A friend of the writer, in an adjoining room, hearing the sounds of combat, came in and separated us—the *Courier* stockholder standing by as a disinterested witness. The assaulting party then beat a hasty retreat—the presence of a fourth party having apparently not been counted on, and the writer not so easily subdued as had been expected.

Now we have not the slightest objection to the professors of the two colleges and their admirers paying the expense of issuing a *quasi* medical journal to advertise themselves and their specialties, in fact, any one is at liberty to do the same. It is a legitimate mode of advertising. But when they try to make up for the want of *brains* in their editorial staff by publishing mendacious articles prejudicial to established journals, we shall object. When they justify a murderous assault upon the editor of an independent rival, by retaining the per-

petrator as their associate editor, we shall certainly take care that the profession of the United States shall know who these extremely ethical gentlemen are, and, at the same time, shall establish a strict quarantine against them by refusing all professional and social relations with them.

HEPATIC ABSCESS.—Dr. P. G. Robinson, in a recent article, (St. Louis *Courier of Medicine*, Jan. '79) endeavors to controvert conclusions reached by Prof. W. A. Hammond, in his paper published in the CLINICAL RECORD, for June, 1878. The *title* of Prof. Hammond's paper is quoted, but no reference is made to the CLINICAL RECORD, where the reader of Dr. Robinson's paper might learn Prof. Hammond's views as they are.

Dr. Robinson claims that the very imperfectly reported cases, which form the body of his paper, "show *no such obscurity* as to the existence of abscesses; no *such difficulties in the diagnosis;* no such association with mental disturbance, and no such success in their treatment by the *same method of procedure.*" (Italics ours.)

The only remark necessary to make with reference to the cases reported is that the *manner* of aspiration, point of introduction of the needle, etc., are not mentioned. To call this "the same method of procedure" as that adopted by Prof. Hammond, is, to say the least, *very unfair.*

With reference to the assertion so flippantly made, that these cases presented "no such difficulties in diagnosis" as Prof. Hammond claims, we have one word to offer: It would have made a more valuable and interesting article if he had taken the trouble to indicate the two cases in which he (Dr. R.) failed to make the diagnosis during life; the same cases in which another physician detected hepatic abscess on inspecting the cadavers, which the subsequent autopsies verified. Those cases must certainly have been *very* obscure—at least to Dr. Robinson.

Moral.—Study your cases, and see that they support your theory before you report them. If they do not, let your theories fall to the ground where they belong, and adopt those which best explain the facts, even though they may have a rival for author, and are first published in the CLINICAL RECORD. Above all things be *honest.*

SUNSTROKE.—(St. Louis *Med. and Surg. Journal*, Jan. 1879) Dr. C. H. Hughes read a paper before the St. Louis Medical Society, Nov. 9, 1878, in which he attributes the phenomena of sunstroke to exhaustion of the sweat centres from over stimulation. "When sunstroke is impending, the perspiration first fails, preceded by malaise and prostration, and death follows, as the result of thermal exhaustion of the central nervous system beginning with the over-stimulation of the sweat glands and their governing nerves in the cord and medulla."

In the leading editorial in the CLINICAL RECORD for August, 1878, we discussed Heat and its Pathological Effects, in the course of which we wrote as follows concerning the cause of the suppression of cutaneous perspiration in such cases:

"The direct effect of the external heat upon the cutaneous nerves (may thus result). In this way the functions of the sweat glands may be abolished, for the time being, by over-stimulation or by an inhibitory influence over the nerves of secretion."

In the course of the same article we referred to the researches of Luchsinger, Adamkiewicz and Nawrocki, upon the "sweat-centers" and "sweat-nerves." Dr. Hughes refers to the two investigators first named above (spells both names wrong), but gives no reference to the sources whence he derived his information.

We are glad to find that our ideas are substantially adopted by the Medical Society, as it seems there was very little dissent from our views as presented by Dr. Hughes.

Dr. Hughes can content himself with the anathema of the old monk when detected in the performance of the same act: "Accursed be the man who says my good things

before me!" *Of course*, he is not a plagiarist! He only came upon the same idea in November that we had published in the preceding August. Large bodies move slowly, but with ponderous effect when they are once set in motion! It seems to make little differenne whether they are empty or solid, the latter sometimes produce most sound.

Dr. J. Marion Sims writes to the New York *Med. Record*, a correction of some malicious misrepresentations contained in a "correspondence" from Vienna, which appeared in the Chicago *Med. Jour. and Examiner*, some months since. The correspondent stated that all the patients operated upon by Dr. Sims, while in Vienna, died of peritonitis within ten days. Dr. Sims relates his cases, from which it appears that, of three cases of epithelioma of the cervix uteri operated upon in that city, two died and one recovered. The two fatal cases were apparently favorable, while the third (the one recovered) was an extremely unfavorable one. One case of vesico-vaginal fistula and one of amputation of the cervix uteri (the only other operations performed) were both successful—both patients recovered. The comparison instituted by the Chicago "correspondent" between Dr. Sims' operations and those performed by Dr. Bozeman, was certainly an unfair one, for Dr. B.'s operations were for vesico-vaginal fistula *only*, and these are *never* fatal, at least, in the hands of Drs. Sims and Emmet. Whoever the Chicago correspondent may be, he has succeeded in injuring Dr. Bozeman, and not in hurting Dr. Sims. It appears as if his purpose had been to effect a contrary result.

The Grissom-Hammond controversy appears to have been brought to a close very abruptly. Dr. Hammond has written a short, dignified letter to Dr. Grissom in which he explicitly denies all the allegations of fraud made by the latter, proposes that if Dr G. will place himself on New York soil for twenty-four hours that he will arrest him for libel, or, if Dr. G. wishes for strictly medical treatment, that a medical court shall be formed of gentlemen selected in equal numbers by Dr. G. and himself, and another to be agreed upon by these, to take evidence and decide the matter finally. Dr. Hammond proposes to pay one-half or the whole of the expenses of this board of arbitrators, and in event of their decision being adverse, he pledges himself to retire from medical practice. After a suitable interval, Dr. Grissom not having responded in any way, Dr. Hammond publishes his offer to the world. As nothing could be more fair, we hope we shall hear no more about a controversy that was entirely unprovoked and which has cast unmerited obloquy upon an honorable gentleman. Of course we refer to Dr. Hammond.

Quarantine is being enforced with all the power of the most despotic government on earth against the Eastern Plague. We shall have the opportunity of observing whether it is of any avail or not. We have no doubt that it will prove as useless as all previous attempts to carry out this system, which is, in fact, a "relic of barbarism." Gold will break through the strongest military cordon, for cupidity is stronger than the fear of death.

It is necessary to repeat and still repeat, that the only truly efficient quarantine is that afforded by private and public cleanliness. There are no disinfectants equal to fresh air and sunlight. We already learn that the military line guarded by the half-savage Cossacks, has been broken in at least two instances. Let us see if the Black Death proves any more submissive to the ban of law than cholera or yellow fever.

A Medical Associated Press is proposed by our Chicago contemporary, the purpose being avowedly to crush out "provincial" journals, and secure a monopoly of the business in the hands of a few. We are so

"provincial" as to oppose this sort of a trades-union. We are, however, in favor of a Medical Journal Protective Union. We believe that much good might be thus accomplished. What we need is protection against "dead-beat" subscribers and advertisers. A monthly interchange of lists of such parties, or a monthly compilation of their names, to be furnished members of the Association, would be of more service to medical journalism than any amount of high-sounding resolutions adopted by an association of would-be medical aristocrats.

INGLUVIN has proved equally effective as pepsin, in the treatment of indigestion and its concomitants, while the price is much less. We have tested it and can cordially recommend it.

Book Notices and Reviews.

THE PRINCIPLES AND PRACTICE OF SURGERY. By John Ashhurst, Jr., M. D., Professor of Clinical Surgery in the University of Pennsylvania, etc., etc. Second Edition Enlarged and Thoroughly Revised. With Five Mundred and Forty-two Illustrations. 8vo. pp. 1040. Philadelphia: Henry C. Lea. 1878. St. Louis: Book & News Co. Cloth, $6; Sheep, $7.

Some time ago the fashion of book making prevailed among the English medical men. To be counted among the authors of the day was the aim and ambition of many aspiring young men. But the rage was too costly to last. The newly-fledged author had to pay heavily for his honor, whilst the publishers only lent their names for a consideration.

The fashion seems to have found followers on the North American continent, for we have seen of late quite a number of publications, the chief merit of which might be found in the paper and binding.

We do not mean to class the volume under consideration in that category, but we are at a loss to account for its necessity. A careful perusal has satisfied us that this work is wanting in many distinguishing features—in literary art, systematic order, concise definition, or original conception, in either form or essence. It is, therefore, one of those books with which the literature of surgery is already over-supplied, and which are destined to a mere ephemeral notice. When viewed in this light, its dedication "to the surgeons and students of surgery of America," seems rather presumptuous. For it scarcely furnishes fundamental information to the beginner, and can lay no pretentions to being a book of reference for the advanced surgeon.

At the very best, the Surgery of Prof. Ashhurst is a second-rate compilation, void of a single original idea or suggestion. Everything is second-hand, even seven-eighths of its five hundred and forty-two illustrations.

The author had already acquired the cheap laurels of authorship by editing Erichsen's Surgery, which he must have considered worth his valuable time, to bring into the American market. If he felt charged with original thought and practical suggestions, he had an excellent opportunity to publish the same in marginal notes and annotations similar to the elaborate translation of Chelius' work on Surgery, by South.

Prof. Ashhurst would have thus providad for himself and his numerous students a reliable guide, with which an instructor might have contented himself, as long as he could not write a better work himself.

That the present volume has already reached the second edition, proves so much more against the scientific necessity of the enterprize, although it may have been a mercantile success, for all we know. If but the students of the University of Pennsylvania, in view of their examination before the learned Professor, had bought the first edition, a few years must have sufficed to exhaust the stock in hand. And this is, perhaps, the most plausible explanation for the second edition.

There is indeed no occasion to go into

details. It would require no fine filter to collect the merits of the author on a few pages, the remnant is surgical commonplace.

After all, Prof. Ashhurst's book is probably the best text-book for students by an American author. It is needless to add that the publisher has presented the work in his usual unexceptionable style. L. B.

DISEASES OF THE NASAL CAVITY AND THE VAULT OF THE PALATE. Translated from the German of Dr. Carl Michel, of Cologne on the Rhine, Specialist in Laryngo- and Rhinoscopic Surgery, with an Introduction by E. L. Shurly, M. D., and C. C Yemans, M. D., of Detroit, Michigan. First American Edition. 8vo. pp. 112. Detroit, Michigan: C. Jung, 250 Randolph street. 1877. Paper, $1.

To this treatise is attached an introduction to the American edition of half a page (for what purpose we cannot imagine) by Drs. Yemans and Shurly. The author claims (*vide* preface) to have made "a number of new discoveries regarding the knowledge and treatment of diseases in the nasal cavity and pharyngeal vault. To report these is the object of the following pages." We still look for the "new discoveries."

At first sight of this brochure the impression is that it is very much behind the age, as most if not all of the ideas therein expressed have been long known to the profession. The author says that no one has ever described nasal diseases as comprehensively and precisely as he has tried to do in this book where is also to be found much progress as to diagnosis and therapeutics. It will be seen, however, that the little work is two years old, the translation being made twenty months after the original issue. Even then we have such authorities as Watson, Frankel, Cohen and Storck, who had been by no means idle. The main points of interest in our author's remarks are: 1st, a thorough ocular examination of the nares before attempting treatment of any disease of that region; and, 2nd, the use of the galvano-cautery as a therapeutic agent in pharyngo-nasal affection. The importance of the former is admitted by all and in almost every large city in the world the galvano-cautery is or has been used for operations about the nose. Dr. Michel has a firm conviction that "every case of chronic catarrh can be surely and entirely cured in a few operations" by this means, and he seems to do this by burning the inside of the nose away, at least as much of it as is diseased. When fully accomplished this is evidently a "radical cure." There is no doubt, however, that good is done by the use of the cautery, especially where there is much thickening.

The author's treatment of acute catarrh is not likely to find favor. The "insufflation of nitrate of silver, one part to twenty of talc." (grs. xxiv. ad ʒi.) made through the pharyngeal opening, quite naturally causes some patients to be "immediately affected with headache, flowing of tears, redness of eyes," etc. Altogether the little brochure may be worth reading, but its teachings cannot be commended to the general practitioner. W. P.

LECTURES ON BRIGHT'S DISEASE OF THE KIDNEYS, Delivered at the School of Medicine of Paris. By J. M. Charcot, Professor in the Faculty of Medicine of Paris; Physician to the Salpétrière, etc., etc., etc. Collected and published by Drs. Bourneville and Sevestre, Editors of the *Progrès Médical*, and Translated with the Permission of the Author, by Henry B. Millard, M. D., A. M. 8vo. pp. 100. New York: William Wood & Co., 27 Great Jones st. 1878. St. Louis: Gray & Baker B. & S. Co. Cloth, $1 50.

Professor Charcot is best known as a most profound and original observer in the field of neuropathology. In the brochure in hand he demonstrates his claims to be considered an equally close observer in other directions.

The work is divided into seven chapters; the first two of which are devoted to the normal anatomy of the kidney with a resumé of its physiology. Nothing original appears in these chapters, but a short and

exceedingly clear statement of our knowledge is given up to the present time.

The third lecture begins the pathology of the organ. First is an enumeration of the different forms of tubular infarctus, then comes a consideration of fibrinous or, as he prefers to term them, urinary cylinders or casts. The clinical importance of these he thinks has been greatly exaggerated. Casts from the convoluted tubes can very seldom find their way into the urine, and these are the very ones most important to discover. Hyaline casts are found in most diverse forms of renal disease and even in health, they contain no fibrine, and are of little diagnostic value. Granular casts are of somewhat greater importance, generally denoting chronic interstitial nephritis. Waxy casts are met with in the same disease, but have no particular connection with amyloid degeneration. Finally, the lesions of Bright's disease may exist without any casts being found in the urine; they are formed in the kidneys, but retained in the pelvis.

Professor Charcot adopts the English theory of the multiplicity of forms of Bright's disease, or *diseases*. He agrees with English writers that there are several forms, differing not only in their pathological anatomy but in their causation and symptomatology.

He recognizes three varieties: Parenchymatous Nephritis (large white kidney); Interstitial Nephritis (contracted kidney); and Amyloid Kidney (waxy kidney).

Lectures IV and V are devoted to the description of contracted kidney (Interstitial Nephritis), and VI, to the large white kidney. He alludes to the danger of uræmia, in the latter affection, which is often developed when large quantities of water are rapidly lost from the system by other outlets than the kidneys (copious purgations, profuse sweats produced by vapor-baths, etc.). He thinks there is no doubt about the curability of this form.

The last (seventh) lecture is devoted to Scarlatinous Nephritis and Amyloid Kidney. The former he considers allied to the small granular variety, the acute lesions especially affecting the glomeruli in the one, like the chronic changes in the other. Nothing new appears in relation to the amyloid kidney.

Two fine chromo-lithographs of the appearances found in the two principal forms of Bright's disease, close the volume. It is one of the most readable and attractive books on renal disease we have ever perused. The descriptions are clear and the distinctions so sharply defined that mistakes in diagnosis may, *apparently*, be very easily avoided. We heartily commend the book to every practitioner.

THE DUTIES OF THE MEDICAL PROFESSION CONCERNING PROSTITUTION and its Allied Vices. Address by Frederic Henry Gerrish, M. D. Price 25 cts. Loring, Short & Harmon, Portland, Me., Publishers.

Dr. Gerrish thinks that by the proper instruction of youth in the physiology of the reproductive organs, a proper degree of horror of prostitution. etc., would be generated, and the vice consequently suppressed. Dr. G. is evidently a man of the highest moral character, but, at the same time, one little versed in the mysteries of human nature. The idea that education is the grand panacea of the ills—both moral and intellectual—to which poor humanity is subject, is one that possesses great attractions. Nothing, however, could be more erroneous. A glance at the "morality" of many educated physicians will show the fallacy of Dr. G.'s reasoning. So long as the passions are not held in check by the reason, just so long will sexual irregularities exist, and prostitution along with them. Even this social evil is not without its compensations. We would commend the perusal of Lecky's History of European Morals, to Dr. Gerrish and others interested in this subject. Regulation of the vice is, to some degree, practicable; suppression is altogether beyond the limits of possibility. These stubborn *facts* should

be considered by moralists and legislators. They are the basis of all intelligent action in this regard. "The duties of the medical profession" are limited, by the nature of the case, to diffusing a knowledge of the facts in relation to venereal diseases and limiting their ravages.

CLINICAL DIAGNOSIS: A Hand-Book for Students and Practitioners of Medicine. Edited by James Finlayson, M. D.; Physician and Lecturer on Clinical Medicine in the Galsgow Western Infirmary, etc., etc., etc. 12mo. pp. 546. Eighty-five illustrations. Philadelphia: Henry C. Lea. 1878.

We can hardly say that Dr. Finlayson has "supplied a want long felt," by placing his book before the medical public. It does not fill the place as a guide to diagnosis already so well occupied by the works of Barclay and DaCosta. The price is less, which is in its favor.

We have given the different chapters a somewhat careful examination, and find them as complete as could be expected in a work of the size. But to expect to cover the field of general diseases and, at the same time, that of disorders of the female organs, insanity, diseases of the fauces, larynx, and nares, and also give a detailed description of the method of performing *post mortem* examinations in a duodecimo volume of about 550 pages, is simply attempting the impossible.

The work is well-written, the style of the different writers is attractive, and every effort has been made to render it a good epitome of the subject. It is needless to add that Mr. Lea has done his whole duty in the way of presenting it in elegant form.

HABITUAL DRUNKENNESS AND INSANE DRUNKARDS. By John Charles Bucknill, M. D., Lond. F. R. S., F. R. C. P., Late Lord Chancellor's Visitor of Lunatics. 12mo. pp. 103. London: Macmillan & Co. 1878.

Dr. Bucknill here presents several papers and addresses on the subject, and we have found them very interesting reading. He has taken the ground that habitual drunkenness is a vice, not a disease; in which most physicians will sustain him. He scouts the idea of "inebriety" being a form of insanity. He gives little "aid and comfort" to those interested in establishing "inebriate asylums," saying that they have almost invariably proved failures, so far as effecting a *cure* of the vice is concerned. He is not even a rabid advocate of total abstinence, thinking that alcohol may even ward off an attack of mental disease, on some occasions.

The dangers of the abuse of compulsory detention of alleged inebriates are well set forth.

Every one interested in inebriates and inebriate asylums would do well to read this brochure and ponder well the opinions of Dr. Bucknill, who stands in the very foremost rank of authorities upon mental and nervous diseases.

DIFFERENTIAL DIAGNOSIS: A Manual of Comparative Semeiology of the More Important Diseases. By F. de Havilland Hall, M. D., Assistant Physician to the Westminster Hospital, London. American Edition, with Extensive Additions. 8vo. pp. 205. Philadelphia: D. G. Brinton, 115 South Seventh st. 1879.

Dr. de Havilland Hall's work forms but a small portion of this book; the rest of the volume is filled with material arranged on the same general plan as the original. An attempt has been made to arrange the symptomatology of most important diseases, which have anything in common, in parallel columns, thus presenting their differences in the most striking manner to the student. Especial attention has been given to pointing out the *early* and often overlooked symptoms of disease; those symptoms which may be called pathognomonic, and those symptoms that are believed to be peculiar to diseases as observed in this country.

Some important omissions will, no doubt, be filled in a second edition. Among these we would indicate the diagnosis between

the different forms of cerebral meningitis, between cerebral rheumatism and meningitis, and between pericarditis and meningitis. Altogether, the book is likely to prove of great value and will have a rapid sale.

CONSPECTUS OF ORGANIC MATERIA MEDICA and Pharmacal Botany, Comprising the Vegetable and Animal Drugs: Their Physical Character, Geographical Origin, Classification, Constituents, Doses, Adulterations, etc. Table of the Tests and Solubilities of the Alkaloids Appended. By L. E. Sayre, Ph. G. 8vo. pp. 220. Philadelphia: D. G. Brinton, 115 South Seventh st. 1879.

As the author says in his preface: "Students of pharmacy and medicine lose a good deal of valuable time in finding out what to learn—in getting a clear idea of the scope of their subjects." This handy volume is designed to show them these points, and appears to us very well adapted to the purpose.

The medical properties, doses, etc., of of drugs are given in a chart at the beginning of the book. The subjects of medical botany and materia medica then follow, and could not be compressed into less space, and at the same time they are presented in an instructive and attractive manner. A complete table of the alkaloids, their tests, solubilities, etc., is then given, followed by a table of antidotes and incompatibles.

This work will be found of especial value by the student preparing for "final examination," as well as by the practitioner in times of doubt and difficulty.

ESSENTIALS OF CHEMISTRY, Inorganic and Organic. For the use of Students in Medicine. By R. A. Witthaus, A. M., M. D., Professor of Chemistry in the Medical Department University of Vermont, etc., etc. 16mo. pp. 257. New York: William Wood & Co. 1879. St. Louis: Book & News Co. Cloth, $1 00.

This pocket manual is evidently the work of a teacher who appreciates the wants of the American medical student. The latter seldom gives much attention to chemistry, just enough to *pass* the professor. If he will carefully study this little book, learn the answers to the questions accurately, and is able to keep it all in his mind, he will be able to "get through" with his examinations and, probably, acquire a taste for the noble science.

It is just what its title indicates and really satisfies "a want long felt," however much we may deplore the existence of the want.

NOTES ON THE TREATMENT OF SKIN DISEASES. By Albert Liveing, A. M. & M. D. Cantab., F. R. C. P. Lond. Fourth Edition, Revised and Enlarged. 16mo. New York: Wm. Wood & Co., 27 Great Jones street. 1878. Cloth, $1 00.

This appears to us to be the best short compend of the *treatment* of skin diseases upon the market. It is short, practical and pleasantly written. The fact that a fourth edition has been called for shows that it possesses real merit. Of course, no one will expect to find in it an exhaustive treatise, but it is just the book for the busy practitioner, who already has a knowledge of differential diagnosis in dermatology.

THE ILLINOIS STATE MEDICAL REGISTER FOR 1878–9. D. W. Graham, M. D., Editor. Volume IV. Chicago: W. T. Keener, 94 Washington st. 1878.

This is an excellent work, one such as should be provided for each State in the Union. It contains every variety of information necessary to the understanding of his status before the laws, required by the *regular* practitioner of Illinois. The value of the work would be greatly enhanced if the names and addresses of homœopaths and eclectics were included. As long as the law recognizes them as medical practitioners, there is no reason for excluding them from a State medical register.

LITERARY NOTES:—

Index Medicus, a Monthly Classified Record of the Current Medical Literature of the World, is the title of a new publication just received, compiled under the supervision of Dr. John S. Billings, Surgeon U. S. Army, and Dr. Robert Fletcher, M. R.

C. S., Eng. It is published by F. Leypoldt, 37 Park Row, New York. Subscription, $3 per annum. It is hardly necessary to call attention to the importance of this publication. As the editor states in the prospectus: "In its pages the practitioner will find the titles of parallels for his anomalous cases, accounts of new remedies, and the latest methods in therapeutics. The teacher will observe what is being written or taught by the masters of his art in all countries. The author will be enabled to add the latest views and cases to his forthcoming work, or to discover where he has been anticipated by other writers, and the publishers of medical books and periodicals must necessarily profit by the publicity given to their productions." We add our hearty commendation, and hope that the work will receive the substantial support from the profession at large that its excellence deserves.

The *American Journal of Otology* is a handsome octavo quarterly just issued by Wm. Wood & Co., of New York. The January number contains eighty pages of excellent reading matter. The subscription price is $3 00 per annum.

The *Archives of Dermatology* continues to be edited by Dr. L. Duncan Bulkley. Messrs. J. B. Lippincott & Co., of Philadelphia, have assumed its publication.

The *Archives of Medicine*, a bi-monthly, edited by Dr. E. C. Seguin, will begin existence with the present month. It is the successor of the Series of American Clinical Lectures, just discontinued after a successful issue of three volumes, and also the continuation of the *Archives of Scientific and Practical Medicine*, published several years since under the editorial charge of Dr. Brown-Séquard and the present editor. We wish it a most successful career.

In April next, Dr. W. A. Hammond will begin a new quarterly publication: *Neurological Contributions*, from which we expect much. It will present *original* matter only.

With this year, Messrs. Putnam's Sons assume the publication of the *Archives of Ophthalmology* and the *Archives of Otology*, successors to the *Archives of Ophthalmology and Otology*, until now published by Messrs. Wm. Wood & Co.

The *Medical Bulletin* is a neat monthly of sixteen pages, issued by the "quiz-masters" of Jefferson Medical College, Philadelphia. It is quite readable, and will doubtless be fully appreciated by the students. It contains original matter only.

The *Physician and Surgeon*, has reached us from Ann Arbor, Mich. It is apparently issued in the interest of the University of Michigan, still it contains much valuable matter. Dr. Victor C. Vaughan, managing editor. $2 00 per annum.

BOOKS & PAMPHLETS RECEIVED.

An Introdrction to Pathology and Morbid Anatomy. By T. Henry Green, M. D., Lond., F. R. C. P. Lond., etc. Third American from the Fourth Revised and Enlarged English Edition, with 132 Illustration. 8vo. pp. 331. Philadelphia: Henry C. Lea. 1878. St. Louis: Gray & Baker Book & Stationery Company. Cloth, $2 75.

A Practical Manual of the Diseases of Children. By Edward Ellis, M. D., Late Senior Physician to the Victoria Hospital for Sick Children, etc., etc. Third Edition. 8vo. pp. 213. New York: William Wood & Co., 27 Great Jones street, 1879. Cloth, $1. Wood's Standard Library.

Physiology; Preliminary Course Lectures, by James T. Whittaker, M. A., M. D., Professor of Physiology and Clinical Medicine in the Medical College of Ohio, etc., etc., etc. Illustrated. 12mo. pp. 287. Cincinnati: Chancey R. Murry, 103 W. Sixth st. 1879. Cloth, $1 75.

Diphtheria; Its Nature and Treatment, Varieties and Local Expressions. By Morell Mackenzie, M. D., Lond. Senior Physician to the Hospital for Diseases of the Throat and Chest, etc., etc. 12mo. pp. 104. Philadelphia: Lindsay and Blakiston. 1879. Cloth, 75 cents.

Report of the Pennsylvania Hospital for the Insane for the year 1877. By Thos. S. Kirkbride, M. D., Physician in Chief and Superintendent. Philadelphia, 1878.

Conclusions of the Board of Experts Authorized by Congress to Investigate the Yellow Fever Epidemic of 1878. Being in Reply to Questions of the Committee of the Senate and House of Representatives of the Congress of the United States, Upon the Subject of Epidemic Diseases. Washington: 1879.

Yellow Fever and Quarantine. By M. Schuppert, M. D., New Orleans. From the Author.

Report of Investigations into the Pathogeny of Diphtheria, Conducted by Edward Curtis, M. D., and Thomas E. Satterthwaite, M. D. To the New York Board of Health. 8vo. pp. 56.

Circular of Information Relating to the Pennsylvania Training School for Feeble-Minded Children. From Dr. I. N. Karlin, Superintendent.

Twenty-Sixth Annual Report of the Pennsylvania Training School for Feeble-Minded Children, Media, Delaware Co. 1878. From the Superintendent.

Address of W. O'Daniel, M. D.. President of the Medical Association of Georgia. Reprint from the Transactions, 1878. From the Author.

A Case of Ovariotomy (Unsuccessful). By Edward Borck, M. D., St. Louis. Reprint from St. Louis *Med. and Surg. Journal*, Dec. 1878. From the Author.

Transactions of the Medical Society of Virginia, 1878. (Bound with Jan. 1879 No. *Virginia Med. Monthly.*)

Miscellaneous Notes.

Obituary.—We regret to have to chronicle the death of Dr. Bernard F. Mullen, of Terre Haute, Ind., a brother of Dr. A. J. Mullen, of St. Louis, and of Dr. J. W. Mullen, of Madison, Indiana. He died Feb. 6, 1879, at Indianapolis; aged fifty-four years. Dr. Mullen was a man of the most varied accomplishments. He was the youngest surgeon in the American army in the Mexican war; commanded the 35th (Irish) regiment, Indiana volunteers, in the late war between the States; an orator of the greatest brilliancy and power, and a writer of far more than ordinary ability. The Medical Society of Vigo County, Indiana, of which he was a member, took proper action in the premises, by passing a series of highly complimentary resolutions with reference to the great abilities and high social and professional qualifications of their deceased brother.

Dr. John B. Biddle, Professor of Therapeutics and Materia Medica, and Dean of the Faculty of Jefferson Medical College, Philadelphia, died Jan. 19, aged sixty-five years. Dr. Biddle is best known through his valuable text-book: The Essentials of Materia Medica. Dr. Ellerslie Wallace has been elected Dean. Dr. Roberts Bartholow, of Cincinnati, is mentioned as Dr. Biddle's probable successor in the chair which he so long and ably filled. No better selection could possibly be made.

Dr. Tardieu, the eminent French medico-legal writers died recently. His works have attained a deservedly great reputation. His studies of strangulation, suffocation and hanging were especially complete.

Dr. T. Chalmers Dow, Professor of Gynecology in the Nashville Medical College, and one of the associate editors of the *Southern Practitioner*, died January 7th, aged thirty-four years. Dr. Dow was a physician of much promise, and the profession of Nashville have sustained a great loss in his untimely death.

Hard Times and How to Meet Them.—Dr. D. W. Yandell writes a letter full of the soundest common sense (which is so very uncommon), and encouragement to the down-hearted, which we find in the *American Practitioner*, for Jan. 1879. We regret that we have space for only a few paragraphs:

"The only men in our profession who have gained (during the past few years) are the young doctors, who, in the natural

course of things, have gathered here and there a case, now and then a patient. The whales have suffered most; the minnows least. Many of the small fish have given up the ghost, and more will follow. Had the times been prosperous, we should have prospered with them. The times have brought disaster to all branches of art and of industry. Medicine has suffered along with the rest—alike with many, more than some, less than others. Much of our business is, after all, a kind of luxury; people can, in the main, do without much of it, and just as in other things of this class they have been forced to do so. They have learned that, except in the severer ailments, a physician need not always and instantly be summoned; that an office ℞ will often answer as well as a visit, and costs but half; that an attack of colic coming on at midnight does not, as in former times, necessitate an M. D., but can be as quickly relieved by a dose of oil and turpentine, at hand in the closet at a cost of a dime, as by a doctor and the regulation five-dollar note."

After showing that the prosperity of the doctor depends on that of the entire community; he compares the lot of the physician with that of the rest of mankind and concludes that there are compensations for the worst of ills that can befall us in the shape of hard times. Then he looks forward to more prosperous days:

"Therefore, O friend that you are, look things squarely in the face, look at them as they are. Don't try to blink them. Some one has said things are seldom as good as we hope, or as bad as we fear. Times will improve and with them our fortunes. The day will again come when we will be summoned to see the little man with an abrasion of his umbilicus, and the larger man whose nerves the terrapin he had at the club have unstrung, and the great lady who, having no terrapins at home and nothing to wear or do, first raises Cain and then sails into hysterics and refuses to be comforted. We will have all this, and more of the same sort, as of yore. When the means to indulge them return, people will demand luxuries as in days gone by; and what greater luxury is there in the world than an agreeable doctor when a body isn't much sick, or a thoroughly good one when you are? So, I say, my friend, be not cast down. 'Though much is taken, much abides.' Let us, as Ulysses bade his mariners, still 'smite the sounding furrows,' and remain 'strong in will to strive, to seek, to find, and not to yield.' That's what *I* am going to do. If I can't get practice of physic to do, I can practice economy, and that's the next best thing for the present. I am going to economize in horses, in clothes, and in the countless *et ceteras* in which we all do so love to indulge; I am going to economize in every way and in everything, save and except in my contributions to charities, which I hope will be the last to go, and in medical books and journals. The latter I will have, if to get them requires that I should deny myself all things else. For they, whatever may be said to the contrary, are to the doctor what capital is to the merchant, stock and seed to the farmer, and prices current to trade. They are simply indispensable."

Infantile Mortality.—We take the following from a translation of the proceedings of the International Congress of Hygiene (*vide* Cincinnati *Medical News*, Nov. 1878):

"Dr. Drysdale, of London, has discovered a remedy of admirable simplicity against the excessive mortality of newly-born infants. Being President of the Malthusian Society, of London, he interests himself in everything which concerns population. The questions of marriage and prostitution are his favorite subjects.

It is useless to say that he is for free prostitution.

Against the mortality of newly-born infants he offers this remedy, taken from Malthus: "Let fewer children be made." People continue to procreate without asking themselves the question whether the conditions in which they are placed will enable them to raise all the little ones they have brought into the world. This is more than a misfortune—it is a crime. No child should be brought into the world if a place for its reception has not been first prepared; if the means for its existence have not been insured. All other means of prevention of infant mortality will be vain so long as the only effectual one is ignored. The misery will be removed and the consequent infant mortality diminished only as this method is adopted.

These are the general ideas held by M.

Drysdale. Through his peculiar and paradoxical manner we must recognize that which is true and based on thought. Yes, effectively, would it be necessary not to make more children than can be taken care of; but here simply rests the difficulty. How is such a thing to be prevented? Can we believe that the simple fear of greatly increasing their offspring can make people chaste? Indeed, this would be figuring greatly on the actual morality of the men; and M. Drysdale appears to be on this point an absolute skeptic."

The Doctor, the lively London medical journal, has given up the ghost.

Home News.

A Simile.—"The name chosen for our journal is eminently fit—*Courier*—swift carrier of valuable dispatches—an argosy, freighted with medical intelligence, borne promptly each month to our subscribers."—Leading editorial in first number of the St. Louis *Courier*.

The figure is eminently a fit one—a runner, a drummer, for the stockholders, editors and "reporters," *à la* Hot Springs; he also bears a burden, this burden is an "argosy" (*i. e.*, a heavily freighted ship). This drummer with an argosy under his arm, in our humble opinion, would be better represented by another maratime simile, if we must have one—a Malayan piratical craft, termed a proa—the first "burden" shows so many evidences of the tendencies of the management. An entire article, illustrations and all, is taken bodily from the St. Louis *Medical and Surgical Journal*, for Dec. 1878, and not a word of credit is given. A long article pretending to criticize Dr. Wm. A. Hammond's remarkable paper in the June No. of the Clinical Record, likewise gives no credit. We must condole with those journals that give the "drummer" so many compliments. They are the unconscious victims of a huge "confidence operation."

Corrections.—It is only an act of justice to state that our faithful and diligent Coroner, Dr. Auler, acted upon the advice of the Circuit Attorney, when he committed the suspected parties to jail, as noted in our January number. The failure of the Grand Jury to investigate the case further, placed Dr. Auler in a very unpleasant position, for which that august body is clearly responsible. It would seem that it is a dangerous matter to try to do one's duty.

There was also an absurd error in our notice of the Missouri Medical College in the same number. It should read "*two* hundred and twenty" instead of "*one* hundred and twenty" students in attendance. We regret this error the more because the advertisement of the college ceased to appear in our columns with that number, and we have no wish to misrepresent our advertisers even when they cease to be our patrons.

Counter prescribing has, *for years*, been notoriously the practice of the majority of St. Louis druggists. The Health Commissioner has, apparently, just learned of the existence of this practice, for he has made it the subject of a solemn communication to the Mayor. Of course, this ends the matter so far as their "high mightinesses" are concerned. A health commissioner in *fact* as well as in *name* would certainly attempt to suppress this illegal infringement upon the rights of the medical profession. If the druggists persist in prescribing, let them pay the physicians' license and register.

Mr. H. Spackler, our distinguished surgical instrument maker, has removed to the building on the northeast corner of Eighth and Olive streets, room 2, second floor. With better location and more commodious quarters, he will doubtless increase his already large business to still greater proportions.

Diphtheria kills five or six children every week. It has already slain more than the yellow fever did last summer. Still, strange to say, we hear of no sanitary measures taken for its suppression. Quarantine is not even mentioned!

Practice for Sale, worth $3,500 per annum, within two hours ride of St. Louis. For particulars, call on the Editor of the Clinical Record, 519 Pine st., St. Louis.

SUPERIOR TO THE PEPSIN OF THE HOG.
(SIMILARLY PRESCRIBED)

INGLUVIN
(A POWDER)

VENTRICULUS CALLOSUS GALLINACEUS.
FROM THE GIZZARD OF THE CHICKEN.

A SPECIFIC FOR VOMITING IN PREGNANCY, A POTENT REMEDY FOR INDIGESTION, DYSPEPSIA, AND SICK STOMACH. IT IS SUPERIOR TO PEPSIN, SINCE IT ACTS WITH MORE CERTAINTY AND EFFECTS CURES WHERE IT FAILS.

DOSE 5 TO 15 GRAINS.
ALONE OR IN COMBINATION.

PARVULES
(MINUTE PILLS)

A NEW CLASS OF PREPARATIONS DENOMINATED PARVULES, DESIGNED FOR THE EASY ADMINISTRATION OF MEDICINES FOR CHILDREN AND ADULTS AT SHORTER INTERVALS WITH MORE SALUTARY EFFECT.

33 VARIETIES

POCKET CASES, CONTAINING 20 VARIETIES FOR PHYSICIANS, PRICE $6.00 NET.

PROF. TROUSSEAU'S
CARBONIZED
RAW MEAT
(IN POWDER)

DESSICATED IN VACUUM, POWDERED AND MEDICATED WITH THE HYPOPHOSPHITES; IS PLEASANT TO TAKE. FOR THE CURE OF CONSUMPTION, AND ALL PULMONARY AND EXHAUSTIVE DISEASES.

DOSE 1 TO 4 TEASPOONFULS 4 TIMES DAILY WITH MILK, WINE, WATER, OR EXT. MALT.

WILLIAM R. WARNER & CO.

INGLUVIN!

Brooklyn, N. Y., August 10th, 1878.

Dear Sirs:

It is with great pleasure that I report to you briefly my experience, and also that of eminent Physicians, as to the valuable medicinal qualities of INGLUVIN, *and testify to its superiority in all cases, over Pepsin.*

Drs. F. A. Howe and E. P. Hurd, of Newburyport, Mass., report a case of Chronic Dyspepsia, as follows: Our associate in medicine, Dr. C. Cross of this city, was taken violently sick. For a time his life was despaired of; everything was tried, but with no good effect. Finally, INGLUVIN *was administered in doses varying from 5 to 10 grains; to our surprise, the patient began at once to mend, and rapidly convalesced. We cannot speak too highly of* INGLUVIN *in this case; it is certainly a valuable remedy.*

Dr. F. W. Campbell, of Montreal, Canada, says that with INGLUVIN *he cured 3 out of 4 cases of* VOMITING *in* PREGNANCY.

Dr. C. F. Clark, Brooklyn, N. Y. has used INGLUVIN *very extensively in his daily practice for more than a year, and has fully tested it in many cases of* VOMITING *in* PREGNANCY, DYSPEPSIA *and* SICK STOMACH, *with the best of results.*

Dr. Edward P. Abbe, New Bedford, Mass., mentions a case of Vomiting, caused by too free use of Intoxicating Liquors; INGLUVIN *was administered in the usual way, the effect was wonderful, the patient had immediate relief.*

A gentleman living in Toronto, Canada, gives his experience. He says, I was suffering terribly from Indigestion. I could eat nothing, life was almost a burden to me. INGLUVIN *was prescribed in 5 to 10 grain doses, the medicine was taken for about two weeks; result, a permanent cure.*

In fact were I to note all the remarks of the profession and my experience in relation to this remedy, and report to you the cases in detail, you could fill a volume with expressions as to its great efficacy in the troubles for which it is recommended.

Yours Respectfully,

Chas. H. Bennett,

144 Luquer St., Brooklyn, N. Y.

☞ Warner & Co's standard preparations for sale by Meyer Bros. & Co. Richardson & Co. W. H. Crawford, and all druggists throughout the country.

☞PLEASE SPECIFY (WARNER & CO.,) AND ACCEPT NO OTHERS.

A CASE OF VOMITING IN PREGNANCY

SUCCESSFULLY TREATED WITH

INGLUVIN.

By CHARLES G. FROWERT, M.D., Philadelphia, Pa.

I was called to see Mrs. S., aged 27 years, June 8, 1877, who stated that she was suffering from constant and excessive nausea, which was only relieved upon assuming the recumbent posture. This continued, gradually increasing from day to day, until in a week it eventuated in retching and emesis, during which watery matter with an acid taste, followed by bile, was ejected. This reached such an extent that the patient had hardly any freedom from it during the whole twenty-four hours, vomiting as often as twelve times a day.

Taking this, in connection with suppression of the menses, I concluded she was pregnant, and obtained from her the following history:

This was her third pregnancy. With the two preceding ones she suffered quite as much as with this, and, according to her statement, "had employed the services of several physicians, who administered almost every medicine in the pharmacopœia," but without avail, and she was obliged to lie in bed almost the entire nine months, in order to obtain relief from vomiting.

I proceeded to treat her in the orthodox way; advised the administration of a gentle cathartic, and gave carbonic-acid water freely, and prescribed the following:

℞—Bismuth. Subnit.	- - -	ʒj.
Pepsin Sacch.	- - - -	ʒss.
Cerii Oxalat.	- - - -	gr. ix.

M. In Chart. No. vj. Div. et sig. one every two hours in carbonic-acid water.

This was not followed by the slightest remission in the symptoms.

I then doubled the quantity in each powder; this also failed.

I finally increased the subnitrate of bismuth to ʒi. doses every three hours, as recommended by several eminent physicians. This was followed by acid. hydrocyanic. dil., two drops every three hours, also highly spoken of. Various hygienic measures, as well as some other medicines, were resorted to, but all failed to bring about the desired relief.

About this time my attention was called to the preparation INGLUVIN, recommended in cases of this kind, and I determined to try it at once.

I prescribed FIVE GRAINS of WARNER'S INGLUVIN every two hours, and continued this for three or four days, without any appreciable result other than diminishing the violence of the attacks of retching and vomiting.

Increased the dose to TEN GRAINS every two hours. This seemed to relieve my patient to such an extent that she only vomited before meals, at the sight or smell of food.

I then increased the dose to FIFTEEN GRAINS, giving it half an hour before each meal. This soon had the desired effect of controlling the attacks. Continuing the same dose every three hours, the vomiting and nausea ceased entirely in four or five days.

She made a complete recovery in the second month of her pregnancy, in three weeks from the time she commenced the use of INGLUVIN.

INGLUVIN has certainly proved very efficacious in my hands. and I would therefore cordially recommend it to the medical profession as worthy of a trial. I consider it an invaluable remedy in obstinate cases of vomiting in pregnancy.

I might also add that I have used INGLUVIN successfully in several cases of chronic dyspepsia in which Pepsin has failed.—*Medical Record.*

PRIZE MEDAL OF THE PARIS EXPOSITION, 1878.

AWARDED

WILLIAM R. WARNER & Co.

FOR SUPERIORITY OF

Sugar-Coated Pills.

PHOSPHORUS PILLS.

A PERFECT AND RELIABLE FORM FOR THE ADMINISTRATION OF FREE PHOSPHORUS IN COMBINATION WITH

Nux Vomica, Iron, Quinine, Zinc, Strychnia, Morphia, Indian Hemp, Cantharides, Digitalis, Aloes, etc

℞ **A TABLE OF COMBINATIONS.*** — In Bottles 100 each.

1—PIL. PHOSPHORI.	1-100 grain, 1-50 grain, 1-25 grain, in each.	1 00
2—PIL. PHOSPHORI COMP.	Phosphori 1-100 grain. Ext. Nuc. Vom. ¼ grain.	1 50
3—PIL. PHOSPHORI CUM NUCE VOMICÂ	Phosphori 1-50 grain. Ext. Nuc. Vom. ⅛ grain.	1 50
4—PIL. PHOSPHORI CUM FERRO	Phosphori 1-50 grain. Ferri Red. 1 grain.	1 50
5—PIL. PHOSPHORI CUM FERRO ET NUCE VOM.	Phosphori 1-100 grain. Ferri Carb. 1 grain. Ext. Nuc. Vom. ¼ grain.	1 50
6—PIL. PHOSPHORI CUM FERRO ET QUINIÂ	Phosphori 1-100 grain. Ferri Carb. 1 grain. Quiniæ Sul. 1 grain.	2 75
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8—PIL. PHOSPHORI CUM QUINIÂ	Phosphori 1-50 grain. Quiniæ Sul. 1 grain.	2 75
9—PIL. PHOSPHORI CUM QUINIÂ CO.	Phosphori 1-50 grain. Ferri Red. 1 grain. Quiniæ Sul. ½ grain. Strychniæ 1-60 grain.	2 00
10—PIL. PHOSPHORI CUM QUINIÂ ET NUC. VOM.	Phosphori 1-50 grain. Quiniæ Sul. 1 grain. Ext. Nuc. Vom. ¼ grain.	2 75
11—PIL. PHOSPHORI CUM QUINIÂ ET DIGITALE CO.	Phosphori 1-50 grain. Quiniæ Sul. ½ grain. Pv. Digitalis ½ grain. Pv. Opii ¼ grain. Pv. Ipecac. ¼ grain.	2 00
12—PIL. PHOSPHORI CUM DIGITALE CO.	Phosphori 1-50 grain. Pv. Digitalis 1 grain. Ext. Hyoscy. 1 grain.	1 50
13—PIL. PHOSPHORI CUM DIGITALE ET FERRO	Phosphori 1-50 grain. Pv. Digitalis 1 grain. Ferri Red. 1 grain.	1 50
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In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœa, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article.

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(Rhamnus Purshiana.)

The recent attacks made upon this drug by one or two physicians apparently acting in the interests of competing houses, has made it a subject of peculiar interest at this time. We therefore append a brief description and history of the remedy.

Cascara Sagrado is the Spanish name of the bark of a tree indigenous to northern California and Oregon, known botanically as the Rhamnus Purshiana. In some localities it is called "Chittem" wood, on the supposition that it is identical with the material used in the construction of the sacred Ark—hence the name Cascara Sagrado (sacred bark). The bark of this tree has long been used on the Pacific Coast among the Indians and old Spanish residents, as a remedy for habitual constipation, and other disorders of the alimentary canal. Its reputation among the inhabitants of this section and the reports of physicians who have used it, has induced hundreds of other practitioners throughout the United States and Canada, to test the new remedy in their practice—the need of a reliable corrective in that most intractable of all complaints, habitual constipation, being universally felt. The testimony of these physicians has, in turn, been published, and has been so pronounced in favor of the new remedy, and the resulting demand for it has been so great, that we have found it very difficult to obtain sufficient of the drug to supply our many orders. Many physicians write to us that they must have the Cascara *at any price*, as it has proved invaluable in their practice. One of our firm has visited California for the very purpose of securing a sufficient quantity to supply the rapidly increasing demand at reduced prices, but the great difficulty of obtaining it has precluded any reduction in cost. After very careful investigation, we found that we had secured the entire crop for 1877–9, with the exception of a few small shipments to other manufacturing houses to an amount not exceeding five hundred pounds. A great part of this was of very poor quality, and had been previously rejected by us as unfit for use.

THERAPEUTICAL APPLICATIONS.

Carefully conducted experiments have demonstrated that no small share of its physiological action is on the liver, and that in addition to its tonic properties it is an efficient cholagogue. The properly selected drug contains an alkaloid, the exact nature of which has, however, not yet been determined, which resembles strychnia in many of its properties. It is to this principle that we attribute the remarkable tonic action of the drug on the muscular coats of the alimentary tract. Unlike most laxatives, Cascara causes very little peristaltic action of the intestines, and hence its administration is followed by the minimum of griping or pain, a great desideratum in practice. These properties will suggest to the intelligent physician a wide field for the application of the drug, and experience has already demonstrated its value in all affections in which atony of the stomach and bowels has been a leading condition.

CAUTION TO PHYSICIANS.

Until very recently the agents of certain manufacturing houses in Cincinnati and New York have been representing falsely to physicians that our fluid extract Cascara was a compound of Buckthorn Bark (Rhamnus Frangula) and Strychnia, and that no such plant as Cascara Sagrado was known. These statements, caused by jealousy at the result of our energy, and designed solely to injure the sale of this drug during the present season, or until a new crop could be gathered, were not made openly in print, in such form that we could seek protection of the law, but were conveyed covertly by word of mouth to physicians, whom we would hesitate to drag into court as witnesses. The malicious intention of these parties is seen in the fact that they are now themselves freely offering what purports to be a fluid extract of Cascara Sagrado *at reduced rates*, and we are informed that preparations containing Buckthorn Bark and Strychnia *have actually been sold* under the name of Fluid Extract of Cascara Sagrado by certain unscrupulous parties.

This practice of compounding imitations of preparations of *new* drugs cannot be censured too severely. If it accomplished only the end in view of depriving us of the profit resulting from the sale of an article which we have introduced to the profession by a large outlay of time and money, we should be the last to complain; but far more important than any private injury, is the fact that these poisonous mixtures, prescribed by unsuspecting physicians, may cause irreparable mischief and weaken faith in a most valuable agent. We urge physicians to examine most carefully the preparations offered to them under this name, and to reject any which do not come from sources above suspicion. Cheap preparations especially should be avoided.

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